THE

# AMERICAN PRACTITIONER:



A MONTHLY JOURNAL OF

## MEDICINE AND SURGERY.

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## THE AMERICAN PRACTITIONER.

DECEMBER, 1878.

Certainly it is excellent discipline for an author to feel that he must say all that he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downight fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

## Original Communications.

#### THE NERVES.\*

BY JAMES F. HIBBERD, M. D.

Something of the authority of prescription would claim to dictate that the official address on this occasion should be a broad and discursive dissertation on the state of medical affairs generally, with allusions, more or less pointed and full, to the mission of the Tri-State Society particularly; but there are reasons cogent and precedents abundant that urge me to, and sustain me in, an abandonment of the rule in the present Accordingly your attention to day will be called, first, to some special views of my own concerning the nature and primary manifestation of nerve function; and then to some general considerations regarding the practical significance of the information coming to us through the modern investigation of nerve structures by a host of diligent students. It should be further premised that the term nerve, as used in this address, is not limited to its popular signification of a nerve trunk or conducting fiber, but is intended to embrace all the essentials of the nervous system, whether it be tissue creative or conductive of nervous energy.

\* President's Address, delivered to the Tri-State Medical Society of Indiana, Illinois and Kentucky, at Springfield, Ill., November 13, 1878.

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About twenty years ago, the science of medicine was greatly enriched and advanced by the results of inquiries into the structure and service of cells. The best illumination on these points came through the light originating in the pathological changes of tissue. Those of us who were in active life at that time have a vivid recollection of the interest with which we received the intelligence of the publication of Virchow's Cellular Pathology, and with what alacrity we embraced the earliest opportunity to procure a copy.

To my mind, the introduction of the better understanding of the role of cells in the animal economy, into the study of biology, was one of the grandest strides of modern times toward a correct knowledge of elemental life, leading us as it did to the very simplest forms or units of animated nature; and enabling us to see and understand largely how these units are aggregated to constitute animals of the most complicated organization, and pressing us to diligent inquiry into the means whereby this aggregate of countless units could be made to work together as a harmonious whole.

With the idea, so long and so firmly held, that man himself was a unit of creation—while all other animals were equally other units of the same creation—his several parts made for and exclusively adapted to each other, it involved a change of thought in the nature of a revolution to receive as true the fresh doctrine of biology, that all vitalized matter was compassed in cells, or the immediate product of cells, and that all animal existence from monera to man was constituted of one or more cells—each cell, whatever its situation or association, retaining in some degree its characteristics of independence. Nevertheless, this revolution of thought has been effected, and to-day the great doctrine of cell-life is the accepted faith of every thorough biologist.

Since some indefinite period in the past, it has been very fully recognized that the nerves were the connecting links that, through mandate or sympathy, presided over and harmonized the divers parts and sundry functions of the human system. But it is only within comparatively few years that biologists have successfully pursued a line of experimental investigation that, persevered in, will ultimately open to us as accurate and satisfactory an insight into the occult structure and mysterious operation of the nerves, as we now have of the nature and function of cells.

Some years ago, an advanced student asked a facetious Cincinnati professor what was the function of the tuber annulare. and had this for an answer:-"I can not tell you now: last quarter it was held to be a center for voluntary motion, and may be held so yet; but in a few days my Quarterly Journal of Physiology will be at hand, and then I shall be able to give you the latest fashionable professional notion in regard to the ganglion." This may seem a bit of persiflage to such as have not kept abreast with the varying opinions concerning the nerves held by the most esteemed physiologists in the last quarter of a century. Even now there are scarcely two physiological authors of eminence who hold to the same view precisely of the functions of the multifarious ganglions of the human system, nor even of the chief ganglions of the encephalon alone. The elaborate experimental investigations of Ferrier on the brains of the inferior animals, and largely on the brains of monkeys, have not been accepted without challenge by many of his co-workers in the same field of labor. But doubts such as these are the seeds of sciencethe salt and savor that keep it fresh and palatable to those who maintain a great interest in the progress of events, not exactly as producers, but rather as feeders, on the fruits of others' industry.

Notwithstanding the absence of uniform agreement among these explorers, on many and important points, there has been unprecedented progress in unraveling the mysteries of both structure and function of nerves within the last decade. The lack of identical conclusions should not be construed into a willful bias nor a want of acumen, but rather it should be taken to signify the depth and intricacy of the living tissue mines into whose dimly-lighted arcana these toilers after truth are delving.

While we recognize the fact that nerve force has its genesis in the nerve cells, and that the function of the nerve fiber is to conduct nerve force to and from the cells, we must not be insensible to the further fact that there is a service closely related to that of the nerves, and yet pertains to neither the cells nor the fibers. For example: Suppose all nerve connection of a muscle be destroyed without detriment to the integrity of the muscle itself, then, at any time before the molecular death of the muscle, if an appropriate stimulant be applied, the muscle will contract, and this accordingly independent of both gray and white nerves.

All motion in the human system is presided over by the nerves, and we constantly associate with our idea of motion the stimulant of a motor nerve belonging either to the reflex, automatic, or voluntary system of nerves. Let us, in this connection, consider a voluntary muscle. Such a muscle consists of a bundle of fasciculi, and each fasciculus is, in the adult, from  $\frac{1}{250}$  to  $\frac{1}{450}$  of an inch in diameter, is transversely striated, and may be separated in this direction into sarcous elements  $\frac{1}{25000}$  of an inch in thickness, and it may also be separated longitudinally into fibrillæ  $\frac{1}{25000}$  of an inch in diameter. For our present ends, the fasciculus is to be regarded as the proximate element of the muscle, because it is continuous from end to end of the muscle, and is not penetrated by either nerve, blood vessel or lymphatic.

Just how much of the muscular fasciculus is in contact with the axis cylinder of the nerve, has not been settled. It is generally maintained that the nerve fibril terminates in plates on a limited portion of the surface of the fasciculus; though Stricker has observed various methods of termination—in loops, anastomoses, and granular bulbs—in sundry of the inferior vertebrata. Foster, in his Text Book of Physiology, recently issued from the London press, sums up the present status of information on this point by setting forth that when a motor nerve arrives at a muscular fasciculus, the neurilemma joins with the sarcolemma as a continuous membrane, and the axis cylinder passes through to the surface of the adjacent

sarcous elements, and there terminates in the nerve plates. This makes it obvious that at most the attachment of the nerve fibril is to but a small portion of the fasciculus, and yet a stimulant applied through this nerve causes contraction in the entire length of the fasciculus. How is the nerve influence conducted to that portion of the fasciculus to which the nerve is not applied?

Still further: If an appropriate quantity of urari be administered, it will altogether destroy the irritability of the nerve without affecting the irritability of the muscle; and then, if a single point in a muscle be appropriately stimulated, the whole muscle will contract.

These two illustrations are conclusive that not only the fasciculi individually, but the entire muscle, has some method of conducting a stimulant received at a single point to all its sarcous element, and inducing contraction therein, independent of nerves.

By what means or agency is this accomplished? It is doubtful whether this query has been satisfactorily answered. But there are scattered facts which will, when brought into proper relation, go far toward a rational solution of the problem. Our knowledge of the habits of the lowest forms of life warrant us in ascribing to them a factor in their organization that is the equivalent of the nerve system in the higher animals, not failing even in that faculty we denominate intelligence in those beings where the nerves have reached their fullest development.

An amœba is a simple cell, a bit of homogeneous protoplasm, without differentiation of parts, and yet it is a perfect animal. It has locomotion, without legs or feet; it has digestion, without stomach; it selects food without eyes, nose, mouth or tentacles; it secretes without glands; and it propagates its kind without reproductive organs. If it be quiescent but needing nourishment, and a speck of matter be carried against it, and this matter is of a kind unsuited for its food, it remains quiescent and the speck of matter passes away. But if the speck of matter prove to be appropriate food, it agglutinates the speck to itself and immediately folds itself all around the speck, and, secreting a digestive food, dissolves such part of the matter as is adapted to its needs, then unfolds and liberates the unappropriated matter; and when it gets old enough and big enough, it divides itself into two bits of protoplasm of equal qualities, making thereby two perfect amæbæ, and thus multiplies and replenishes the earth (or rather the water) with its kind.

Does not this exhibit the characteristics of more complicated animals, in their essential attributes? Does not the letting pass of inappropriate matter, and the stopping of appropriate, the lapping itself around its food, evince discriminating intelligence? Is some one ready to answer, that when its proper food presents, instinct impels the amœba to seize the nutritive morsel. Perhaps this may be a proper characterization of the act; but what is instinct? If contact of food set the amæba in action merely, why did it not curl away from the food? That it did curl around the food in a way to inclose it—does this not clearly disclose an adaptation of means to an end?—and is there a more lucid definition of intelligence than this?

In some of the lower forms of the hydra, they consist of two bits of protoplasm, two cells, one of which is sensitive and is devoted to the duty of attending to the affairs of the environment—selecting the food, seizing it and passing it to the other cell, which conducts the digestive process and manages internal concerns generally. Foster declares this the first and simplest manifestation of nerve apparatus. This declaration can not be accepted. We have seen that the amœba, a single cell, has done all that the two-celled hydra can do. It is error to call an irritability nerve energy, when it appears in an animal of two cells, and ignore the same irritability when it appears in another animal of one cell; and it is illogical to qualify a something as first and simplest that is done by two cells, when precisely the same thing has already been done by one cell.

We see accordingly that the cell, this bit of homogeneous

protoplasm, is the simplest form of animal life; and all the higher forms of animal existence are but aggregations of cells, differentiated in structure and function proportionate to extent and complication of development of the individual animal—man himself, with his immense preponderance of nerve, being no exception, but standing notably at the head of, and far above, all other aggregations of protoplasm.

The primordial animal cell, therefore, has the potentiality of all the animal kingdom; and the essential difference between an amæba and a man is that the former is an isolated cell, without morphological complications, each part equally apt for all duty and always ready for service; while the latter is an indefinite plural brotherhood of cells, differentiated in structure and function to a degree of refinement that is not yet fully compassed by his own completest mental power of penetration.

As we pass from lower to higher forms of animal life, it is found that in a community of cells some of them are transformed in structure, so that they retain but little more than a single element of the primordial progenitor, and are as dissonant in function as in structure. In man, nerve bears slight similitude in either relation with the sensitive irritability of the original, while muscle remains a comparatively close copy of its type-precedent in both structure and contractile irrita. bility. And thus it is that in the muscle of man, as in all higher animals, the sarcous elements are cells retaining largely of the primitive attributes of protoplasm, and in an especial degree the contractile irritability and intercellular conduction of energy; and by this means accomplishing among its proximate elements a service that, between separate muscles and between most other tissues, demands the intrinsic functions of nerves.

Here, then, we have a rational and satisfactory response to the query, how a fasciculus or a whole muscle is excited to contraction by a nerve force applied to a single point. It is by virtue of the fact that the cells which compose the muscle, have, by the law of their evolution, retained so much of the endowment of the primordial animal cell as qualifies it for this necessary duty.

A slight and obvious modification of this doctrine will render it applicable to the elucidation of glandular secretion; for it is not more probable that a nerve fibril is distributed to every gland cell, than it is that the same thing is done to each sarcous element.

Thus far we have been studying the nerves in their earliest manifestation. Let us continue our exercises by examining them in some phases of their highest development.

Gray nerves generate nerve force, and they are cells; white never conduct nerve force, and they are fibrils. The gray matter of the convolutions of the periphery of the brain is the center for psychical manifestations. It is exceedingly complex. There are substantial reasons for regarding a zone across the central part of the periphery, from side to side, as the multiple psychical center for voluntary motion. This embraces over a third of the periphery, and is composed of many ascertained centers—for sight, for hearing, in fact for all the special senses; for the movements of limbs, for particular sets of muscles; and there is a faint glimmering of coming events indicating that presently it may be ascertained that every muscle, possibly every fasciculus, is presided over by one or more cells in the periphery of the brain.

The occipital portion of the periphery is the center for internal operations in their psychical relations. When one has had a good dinner, it is possible that the high sense of enjoyment which follows, reaches the consciousness through the occipital lobe. That part of the periphery anterior to the motor zone is the center for the reasoning powers. It is here that the afferent nerves, through their centers in the middle zone, send their information to be, as it were, examined, assorted, recombined into new ideas and conclusions, and then, through the efferent nerves, made active wherever determined. This frontal lobe, in some measure, exercises the same controlling superintendency over mental affairs that the medulla oblongata does over physical affairs. It is its supremacy that

marks the exalted intellectual superiority of man over all other animals. The optic lobes, the pons, and the cerebellum are the compound center for emotion, equilibration, and locomotion; the optic thalami and the corpora striata are the centers for sensation and voluntary motion, being respectively the portals of ingress and egress in this behalf to the cerebral hemisphere. The medulla oblongata is the center for sensorimotor activity; and counting its afferent and its efferent fibers, and its cells, as a whole, it is the great automatic center of life. And, finally, the spinal cord is the center for excitomotor, or simple reflex, activity.

These are the chief ganglions of the cerebro-spinal axis. There are others, even in the encephalon, and many in the cavities and organs of the body; but it is not within the purview of this exercise to have further reference to them.

In man the functions of these several sets of ganglions are so interwoven, that it is quite impossible to draw a line of demarkation that shall distinctly outline their respective territories. But by following the evolution of nerves through inferior animals, we are led in light and confidence to the real significance of the nerve arrangement in man; and this teaching is confirmed by the nerve development in the human embryo, passing, as it does, through various stages that are permanent in one or another of the lower animals.

After describing how a human fetal brain is begun, Hugh Miller makes this comparison:—"First it grows up into a brain closely resembling that of a fish; a few additions more convert it into a brain undistinguishable from that of the reptile; a few additions more impart to it the perfect appearance of the brain of a bird; it then *develops* into a brain exceedingly like that of mammiferous quadrupeds; and, finally, expanding at top, and spreading out its deeply corrugated lobes till they project widely over the base, it assumes its unique character."

And the same author, in speaking of the order of evolution of brain, and the relative size attained by it as more and more intelligent classes of animals were evolved, adds:—"The

brain which bears an average proportion to the spinal cord of not more than two to one, came first—it is the brain of the fish; that which bears to the spinal cord an average of two and a half to one, succeeded it—it is the brain of the reptile; then came the brain averaging as three to one—it is the brain of the bird; next in succession came the brain that averages as four to one—it is the brain of the mammal; and, last of all, there appeared a brain that averages as twenty-three to one—reasoning, calculating man had come upon the scene."

Not only is it the amount of brain that distinguishes man from beast, but it is the quantity and quality of the gray matter in the periphery of the brain that measures the difference between the man of the stone age and the man of this age of steel. It is the quantity and quality of this nerve matter that distinguishes the wise man from the fool, the sane man from the demented, the virtuous man from the vicious.

It matters not what may be any one's convictions of the ulterior essence of the mind, all must acknowledge that we know nothing of its existence or nature, except as manifested through the nerves. If one holds that the mind is an independent psychical entity, it is still only by the nerves that it reveals itself; and if the nerves be deranged, defective or wanting, the mind must to our observation be deranged, defective or wanting. Without prejudice, therefore, to any one's creed or faith, we can all stand on common ground, while we ponder the psychical diversities manifested through or by the nerves of individuals, classes and nations.

The difference between Rev. Joseph Cook and Col. Robert G. Ingersoll is a difference of nerves; the difference between Gen. Ulysses S. Grant and Benjamin F. Butler is a difference of nerves; the difference between Prince Bismark, of Prussia, and Sitting Bull, of sorrowful memory, is a difference of nerves; the difference between Thos. A. Edison and Dennis Kearney, between Herbert Spencer and George Francis Train, between Florence Nightingale and Victoria Woodhull, is a difference of nerves; the difference between Shakespeare and Milton, between Alfred Tennyson and Walt. Whitman, is a difference

of nerves; the difference between John Calvin and Michael Servetus, between the missionaries who go out to the ends of the earth to convert the heathen, and the heathen who kill and eat the missionaries, is a difference of nerves; the difference between a Brahman and a Mussulman, a Jew and a Christian, a Catholic and a Quaker, is a difference of nerves; the difference between the people who sent Stanley to explore the Mountains of the Moon, and the relentless savages on the banks of the Congo who sought his life so persistently; between Madam Fearless, who steps into a cage of wild beasts and chokes into submission the lion that tears her flesh, and Miss Timid, who screams and faints at the sight of a caterpillar on her dress, is but a difference of nerves.

These differences spring out of the dual base of heredity and cultivation; and both heredity and cultivation pertain to nations and races as well as to individuals.

Heredity is not merely that a child represents the peculiarities of his parents, but that he may exhibit traits that have been accumulating through his ancestors for generations; albeit, neither of his parents presented evidence of their existence. Cultivation is not alone the instruction that is intentionally given, but includes as well all the instruction derived from the environment, be this beneficial or detrimental. Heredity exercises an influence over the development of human nerves that can not be completely controlled by any surroundings, though it may be materially modified thereby.

The hemispherical ganglions are a blank at birth. The cerebral periphery of the nouveau né has few and imperfect convolutions, and the cells are inactive. Fresh infants do not think, nor reason, nor have memory. All their activities are automatic and reflex, and originate in the sensori-motor and excito-motor centers, and are quite independent of intellection. Human monstrosities have been born without cerebral hemispheres, and yet did cry and nurse, and do other acts as promptly as perfect infants do.

But as the elements of knowledge come to the child through the eyes, the nose, the ears, the palate, the touch, and the internal sensations, the cells assume functional activity, the convolutions grow, the fissures deepen and multiply as the days, the weeks, the months, the years, and the decades roll on. The more perfect the intellect the deeper are these folds, and the more complete the organization of the cells constituting the periphery of the brain. And here we see the real significance of the convolutions of the brain: it is nature's scheme to economize space in the stowage of an important organ.

Through his senses only does the child gather in the elements of knowledge, and intuitively by slow degrees he comes to make use of analysis, comparison and synthesis, in the formation of new and original ideas. But the leading mental occupation of the average child, until he is eight years old, is observation; and accordingly this is the age at which he may properly become a pupil or subject of ordinary school education. Whatever is done before this in schools should be chiefly to exercise and train the child's observation to exactness by the method known as kindergarten, or some modification of it that will engage his observation in pleasant and agreeable ways—such that he will enjoy himself while accumulating the elements of knowledge as thoroughly as if he were at play; and by this means, at the same time, equally encourage his physical frame to healthy development.

Intellectual growth is not by sudden strides, but by regular increments—slowly at first, more rapidly when further advanced, and as a rule reaches certain points at certain ages.

Suppose some attractive object, say a small bird with gay and beautiful plumage, be exhibited to a child ten years old. He will gaze at it intently and with admiration, and while doing so will ask if he can not keep it in a cage, and how it must be fed and cared for. Exhibited to a child five years old, he will be wild with delight, will seize it eagerly and caress it for a time; then pick it to pieces, feather by feather, to see how it is made, regardless of its suffering. Exhibited to a child one year old, he will crow and laugh, reach out his hand and grasp it, and put it into his mouth. Exhibited to a child three months old, he will manifest his joy and his sense

of the beautiful by laughing, chuckling, beating the air with his arms, kicking with his legs, keeping up a glad animated movement with his whole body, while his eyes sparkle with delight, but he makes no movement to seize it with his hand. This fairly presents the behavior of the child at these several ages, and as fairly illustrates the development of his nerves at the designated eras.

Is it not the reasonable duty of the medical profession, on all suitable occasions, to excite public thought, and especially the attention of educators of youth, to these facts concerning the development and condition of human nerves, to the end that some of the mischievous errors of primary school education—if not, indeed, all school education—that are so apparent to every thoughtful observer, and so distressing to every well-wisher of his kind, may speedily be modified and presently eradicated.

The government, the laws, the religion, the industry, the literature, the art—in short the civilization of every nation, will be precisely what the average nerve development of her active people make them. While, therefore, it should be the duty of the educator to comprehend and rightly cultivate the juvenile nerves, it should be equally the obligation of the statesman to understand and manage the adult nerves. The recent war on two sides of the Black Sea, was a great bi-national fracas to regulate two discordant sets of national nerves; and they were not well regulated after all, probably because the diplomats of the Berlin Congress did not correctly measure the nerve condition of the great belligerents.

The Indian policy of the United States will never be true or just, until it is based on a proper appreciation of the nerve development of the aborigines. An Indian is a man in stature, in strength, and in endurance; but he is a boy in reason, in morals, and in religion. The Indian warrior is fond of pomp and show, decorates himself with paint and feathers and tinsel, and struts like a boy; and, like a boy, will respond to kindness, to confidence, to fair dealing and honest intercourse, so long as he understands them; but he readily

misconstrues an intended benefit into a deliberate wrong, and takes vengeance into his own hands, and then, unlike the boy, he has the physical ability and the savage cunning to execute his cruel will. While he understands something done for his physical benefit and emotional enjoyment, and reciprocates it according to his nature and his means, he still fights shy of the restraints of civilized society, and resolutely refuses other than temporary conformity to the formalities of the Christian religion, and its principles never find lodgment in his conscience. No management of Indians can be successful that does not recognize the status of his nerve development, and proceed on the fact that this status can be altered to our standard of civilization only after several generations of training, and never in the adult individuals on whom it may be begun. Such change must be the joint work of heredity and cultivation.

And so likewise of the two distinct varieties of men who constitute the population of the late slave states of this Union. Statesmen will never harmonize their views of a southern policy, unless by study, or some lucky revelation, they comprehend the nerve development of the two races. Until the state-craft, national and local, recognize or unwittingly act on the differing nature of brains in different races of men, ordaining and maintaining the political and social status of the people by this standard, there can be no such thing as permanent peace and heartfelt unity among the inhabitants of the south.

Woman's right is another question of state, large now and rapidly growing, that must be adjudicated on the basis of a knowledge of the nerve status of the sexes. No abstract reasoning on the fanciful equality or dissonance of the sexes can settle the question. Neither will a retrospective view of the status of woman in the barbarism or the civilization of the past, nor a prophetic forecast of what it may be in the future, nor yet a true estimate of what a woman may do or may not do in other civilized countries of to-day: the problem is absolute for this country at this time, and must be solved by reaching a correct understanding of woman's nerve develop-

ment, either by scientific investigation or hap-hazard drifting. Suffrage is not a natural right, like fighting for instance, but is a privilege growing out of the aggregation of people into a community—such that some natural rights must be yielded to the common welfare, and some artificial organization established to regulate public affairs, and must be exercised according to these adopted rules; and these, as we have seen, will always be in accord with the average nerve development of the community.

These brief statements may suffice to suggest the direction which a philosophical study of nerves would lead the student, and perhaps also in some measure indicate the value of such study, in the estimation of the writer. The limit to which such investigation might advantageously extend is not now within the range of his mental vision.

Physicians, more than others, should give heed to the force and character of nerves; but as healers of the ailing, their attention is more especially directed to the condition of individuals, though as conservators of public health they must embrace communities as well. But this branch of the subject in hand is too widespread and far reaching to be adequately or profitably discussed in an address, which has already reached the proper limit in time, and probably overstepped the limit of patience in the auditory. It will accordingly be now closed by recalling to your remembrance a story, published a score of years ago in "A Book about Doctors," that is illustrative of nerves in several aspects frequently encountered by doctors in their professional career:

An acute young surgeon in England was summoned to visit a very wealthy single lady, far advanced in years, who had for a year been suffering from an alleged bristle of her tooth-brush that had fastened itself in her throat. She stated that she had consulted the eminent surgeons of London, but they had uniformly assured her, after critical inspection, that she was only the victim of a nervous delusion—that her throat was perfectly healthy—that the disturbance was only in her imagination. "And so they go, the stupid, obstinate, perverse, un-

feeling creatures," concluded the poor lady; "saying there is nothing the matter with me, while I am dying, dying, dying." The surgeon caught his cue, and was equal to the occasion; and after examining her throat with much deliberation, announced that she was quite right-Sir Benjamin Brodie and Sir James Clark were mistaken; he could see the head of the bristle low down, almost out of sight, and if she would permit, he would run home, get his instruments, and extract it instantly. Certainly, that was the very thing she was longing for. The surgeon presently returned with a delicate forceps, in the teeth of which he held concealed a bristle from a toothbrush. The lady threw her head back; the surgeon introduced his forceps-a prick, a scream, and it was all over. The surgeon, with a smiling face, was closely inspecting the extracted bristle. The lady was in raptures; she immediately recovered her health and spirits, and went about everywhere sounding the praises of her savior, as she called the surgeon. "So enthusiastic was her gratitude, she offered him her handin marriage and her noble fortune. The fact that the young surgeon was already married was an insuperable obstacle to this arrangement. But other proofs of gratitude the lady showered on him. She compelled him to accept a carriage and horses, a service of plate, and a new house. Unfortunately the lucky fellow could not keep his own counsel. Like foolish Samson with Delilah, he imparted the secret of his cunning to the wife of his bosom. She confided it to Louise Clarissa, her especial friend, who had been her bridesmaid. Louise Clarissa told it, under vows of inviolate secrecy, to six other particular friends; and the other particular friendsbase and unworthy girls!-told it to all the world. Ere long the story came round to the lady herself. Then a storm arose! She was in a transport of fury! It was of no avail for the surgeon to remind her that he had unquestionably raised her from a pitiable condition to health and happiness. That mattered not. He had tricked, fooled, bamboozled her! She would not forgive him; she would pursue him with undying vengeance-she would ruin him."

All of which may be taken as evidence that the nerves of some women and surgeons are sometimes badly balanced; and the moral is—when a young doctor has an imaginary bristle to extract from a wealthy spinster's throat, he should perform the operation before he gets married.

RICHMOND, IND.

#### THE METRIC SYSTEM.\*

BY DAVID PRINCE, M. D.

If one could imagine that he had never known the use of the Arabic numerals, and that he had for a portion of his life been confined to the Roman system of designating numbers by letters and their combinations, he would be able to appreciate the difference between the two kinds of notation. The Roman, who knew only his own method, could have had no conception of the advantages of the simpler characters.

We are in the same case with regard to the use of weights and measures, in designating the amounts and relations of medicines. Accustomed only to grains, scruples, drachms and ounces, we fail to appreciate the more ready comprehension of the relations and multiples by a system of enumeration, in which the changes are by tens. A single term, the gram, is the only one necessary to know, for weights, and its subdivisions and multiples, arranged by tens, require no complicated thought to comprehend them.

It is in complicated prescriptions, including the different terms of apothecaries' weight and measure, that a comparison with the metric system shows its superiority. Take, for instance, this example:

\* Read before the Tri-State Medical Society of Indiana, Illinois and Kentucky, at Springfield, Ill., November 13, 1878.

Vol. XVIII.-24

R.	Potas.	bromid.,						3	i
	Potas.	iodid.,				٠	٠	9	i
	Tinct.	cardamom	. (	om	p.,			f 3	i
	Aquæ							f 3	viii

The mind does not, at a glance, perceive the proportionate relations of the ingredients. Let this be written in the metric style, and the proportions are seen at a glance:

								Grams.	Centigrams.
R	Potas.	brom.	, .	. 0	0			32	
	Potas.	iodid.,						I	25
	Tinct.	cardar	nom.	cor	np.	. (0	C. C.)	4	
	Aquæ	, .				((	C. C.)	256	

Or, in 296½ parts, one and one-fourth are iodide of potassium; four, compound tincture of cardamon; thirty-two, bromide of potassium; and 256 are water. The C. C. (cubic centimeter) is an instruction to the apothecary to measure the fluid by cubic centimeters, instead of weighing it in grams.

Again, suppose it be desirable to prescribe a compound of the relations of 1, 2, 4, 8, 24. Thus:

						Grams.	Proportions.
R.	Tinct. digitalis,				f3i	4	1
	Tinct. lobeliæ,				f 3 ii	8	2
	Syrup. ipecac.,	٠			f 5 ss	s 16	4
	Spts. eth. nitrici,	۰		0	f 5 i	32	8
	Syrup. acac., .		۰		f 5 ii	i 96	24

In this example, the proportions do not readily appear in the old enumeration, but in the new they are apparent at a glance. To comprehend the old formula the denominations must be reduced to grains as the uniform unit, while in the new formula no reduction requires to be made. One of the most important aids to the mastery of a subject, is an expressive language, which in its very construction, conveys to the mind the relations of the parts to each other and to the whole. Our system of dollars and cents does for values, what the gram with its multiples and divisions does for weights.

It is plain, from those examples, that our complicated sys-

tem of designating quantities obscures their relations to each other, and is therefore a hindrance to their ready comprehension. It is not until the denominations have been reduced to grains or minims that their relations become clear.

The adoption of the new system with its single denomina tion (the gram), or its equivalent measure in water (the cubic centimeter and its decimal divisions and multiples), places the subject in the most favorable light for rational prescribing. For the habitual routinist, one mode is as good as another, once having been committed to memory; but for one who thinks of the powers and relations of his remedies, the advantages of the new system only need to be stated to be appreciated. The unit of measurement being the gram or 15.43 grains, it is sufficiently near the truth for small amounts to call the gram a quarter of a drachm. The grain is equivalent to .0648 of a gram. It is convenient for small amounts to call the fraction .06. The dispensing chemist, who has not provided himself with the metric weights, will divide the grams by 4 for drachms, and the centigrams by 6, and multiply by 100 for grains.

In the following table, the drachm is made equivalent to 4 grams, though it is only 3.887 grams. The Boston Metric Bureau suggests to draw a line between the gram and its centigrams, as is done with dollars and cents, thus:

					(	Frams.	
One grain	gr.	i	is equal	to			06
One scruple	9	i	is equal	to	٠	I	25
One drachm	3	i	is equal	to		4	
One ounce	3	i	is equal	to		32	

The cubic centimeter of water, at 39.1° F., weighs a gram. When, therefore, it is desired that an ingredient in a medical prescription should be measured, the prescriber has only to write (C. C.) before the number, thus:

			100 000	Grams.	
One min.	or grain	is equal	to (C. C.)		06
One fluid	drachm	is equal	to (C. C.)	4	
One fluid	ounce	is equal	to (C. C.)	32	

Any physician who writes prescriptions, and wishes to adopt the metric system, has only to furnish his apothecary with a table of approximate equivalents. The simplicity of the scheme makes it easy to begin the use of the system without having the metric weights and measures. The dispensing chemist, with a table before him, can readily translate from the metric denominations into the apothecary's weights and measures. No apothecary will send a prescription to a competitor if he can translate it. In a short time he will, for convenience, supply himself with the metric weights and measures.

Per cent.—The arrangement of the Arabic numerals, multiplying by tens, makes the conception I in IO, I in IOO, and I in IOO, easy and clear. The statement of interest, as so much per cent., is easy of exact appreciation. Let one who has been always familiar with our decimal currency undertake to calculate seven per cent. in pounds, shillings and pence, and the superiority of decimal calculations will at once be apparent. So in the conception of the relations of medicines, the same facility attaches to the decimal arrangement. The conception of one-third per cent. solution of salicylic acid in water (one to three hundred) is clear; and whether the amount is increased or diminished, the conception of the proportion remains the same.

The same proportion is expressed by saying  $3\frac{4}{15}$  grains to the ounce; but when we change the quantity to other denominations, as drachms on the one hand or pints on the other, the conception becomes confused. There being only one denomination in the metric system, multiples and divisions maintain their relations alike to all the factors of a compound.

It is in this increased clearness of conception of the relations of compounds, and the consequent increased facility of thought in the prescription of remedies, which have not by habit become so familiar as to require no thought, that the new system has its great excellence. The greater the amount of thought required in one's occupation, the greater is the need of simplicity in the instruments of thought. The laying down of a clumsy instrument with which one is familiar, and

the taking up of a new one which is handy and facile, is always attended with some hesitation; but as soon as familiarity with the new instrument has been attained, the new is secure in its position. The steel pen was slow in supplanting the quill, but the change has become nearly complete. The quill had on its side poetry, the veneration of age, familiarity, everything but intrinsic excellence. So the English-speaking people cling to the old complications of weights and measures with a feeling akin to patriotism, and the nearer we come to the local origin of the language, the closer the people cling to its peculiarities.

The language of quantity is not an exception. The alienating influence of the war of independence made possible the adoption of a decimal system in the language of values, and the remoteness of Canada has enabled its people to make the same change. We are now engaged in an effort to make the same change, in relation to weights and measures, as applicable to the prescribing and dispensing of medicine. Unlike castles in the air, the advantages of the change will be best appreciated by those who become most familiar.

JACKSONVILLE, ILL.

#### DIPHTHERIA.

BY JAMES I. ROOKER, M. D.

In this brief article it is not my intention to enter into a minute discussion of the etiology or pathology of diphtheria, but merely to note my recent observations in the treatment of the disease, as prevalent here during the past three months in an epidemic form.

Dr. Fravel read a paper on this disease at the last meeting of the Indiana State Medical Society, in which he gave the history of the malady as it prevailed in Michigan City and Laporte county, during the autumn of 1877. By tracing back

this epidemic, it appears to have had its origin in the northern part of the state, and is probably the same as was described by Dr. F., and which has been slowly traveling southward.

In consultation with Dr. Tucker, of Cicero, a small village six miles north of here, on the 12th of July, 1878, I saw the first case of the disease in this vicinity. The patient, a son of Mr. C., was about three or four years of age, and died of suffocation shortly after my arrival at his bedside.

Two months after, I saw the first cases of the malady in my practice at Noblesville. These patients were three boys who had been fishing the day previous, and were attacked at the same time. The characteristic membrane was to be seen in the fauces in each case. The treatment ordered in these cases was quinia and tincture of chloride of iron, to be given every two hours in doses of three grains of the former to five drops of the latter; and carbolic acid, one part to twenty of water, to be applied hourly to the fauces with the spray producer. These cases recovered rapidly.

The next four cases were in the family of Mr. Dow Granger, a farmer residing two miles north of Noblesville. The patients were not attacked at the same time, but successively—the disease remaining in the family probably for seven weeks. The youngest patient was six years of age, the oldest eighteen. This family was related to the one I was called to see with Dr. T., and had there, no doubt, contracted the disease, which was of a very malignant character. Mr. G. was furnished with a Richardson's atomizer, and ordered to apply hourly, day and night, a strong solution of carbolic acid, and to give quinia and iron—the same as in the other cases. Other auxiliary treatment was used when indicated. These cases made slow but perfect recovery, except one daughter, aged fifteen, who was left with partial loss of voice.

The disease had at this time assumed an epidemic form. The number and malignancy of the cases were no doubt exaggerated, as is generally the case when dangerous epidemics occur; but that Noblesville has been severely scourged by

this dreadful malady, every intelligent physician, as well as many broken family circles, will bear me witness.

At the same time the disease was prevailing to an alarming extent at Cicero, and with probably more malignancy than it ever appeared here. Drs. Tucker and Warford, both excellent physicians, lost some fifteen or sixteen cases in a comparatively short time, there frequently being two awaiting interment in the same family.

The next cases I was called upon to treat were in the family of Adam Plessinger, a miller, residing with his family near a large pond of stagnant water. In the first week there were three cases—the first being a daughter who had nursed a fatal case in a neighboring family, and from whom she contracted the disease. The family previously was prostrated with malarial fever. All the cases were seen in the beginning of their sickness save one, which died. This family was also supplied with a spray producer, as in the case of Granger, and quinia and muriated tincture of iron given in relative proportions, as in the other instances. All recovered in about two weeks, but the one mentioned, who died of the nasal form on the sixth day of his illness.

From this time until the disease had subsided, I treated in all about forty cases of well-marked diphtheria, losing but two—the one mentioned and another in the family of Mr. Miles, of the Noblesville Ledger. I am of the opinion that other physicians of the place have had probably as many, it not more cases than I, but with what success I am unable to say.

Remarks.—The epidemic, unless communicated by contagion, travels very slowly. I believe it is a conceded fact among our best pathologists of the present day, that the diphtheritic deposit is of a parasitic or fungoid character. While I do not fully believe in the teaching of Bretonneau—that the disease is for the most part local, and always remains so, affecting the system if at all only by absorption—still I am inclined, from my previous observation of the disease and my experience in this epidemic, to believe that the disease

can be often cut short by a strong solution of carbolic acid, used locally with the spray producer; but that to attempt the use of gargles, especially in children, is worse than useless; that if the atomizer is thus used, it certainly prevents the formation of the pseudo membrane. I am also of the opinion that in old and well formed cases, it may prove successful. I remember to have had in the family of Mr. L. a very severe case. The patient had been suffering for six or seven days prior to my seeing her. When I was called the disease had assumed the laryngeal form; there was difficult breathing and almost complete loss of voice. In this case Richardson's atomizer was used, in connection with the glass mouth-piece. In a short time after I commenced these applications of a solution of carbolic acid, the case slowly recovered.

Carbolic acid has been used in the treatment of this disease by others before me. Dr. Eastman, of Indianapolis, read an interesting paper on this disease before the Hendricks County (Indiana) Medical Society, which was published in the Indiana Medical Journal, I think, in 1872. While I do not claim priority in the use of carbolic acid in the treatment of this malady, I do claim that to my knowledge no one has used it with the atomizer, and with the persistency with which I used it in my practice. In about twenty families where there were cases of the disease, I had the unaffected members of the family use the atomizer, and in but one instance did the prophylactic treatment fail of success.

Probably other epidemics of this same disease may prove this mode of treatment to be worthless; and I can not, perhaps, better close this article than by an extract from the distinguished Niemeyer: "The recommendations of the various internal and external remedies that are said to have proved efficacious against diphtheria, have usually originated in the last stages of the epidemic, at which time the cases are usually mild and recover more frequently."

NOBLESVILLE, IND.

#### CASES OF PUERPERAL FEVER.\*

BY W. W. CLEAVER, M. D.

At the request of the society I have prepared this paper, giving my experience with puerperal fever.

On November 3, 1874, I was called to the country to attend Mrs. W. in her second labor. She was twenty years old, a stout, healthy-looking woman, but had not been very well during gestation. A healthy child was born after a tedious labor. Next morning her husband informed me that his wife was not doing well, suffering with severe after-pains, and pain in back and hips. I ordered Dover's powder with camphor every four hours, but it failed to relieve her, and her family physician, Dr. Blandon, was called, for I had attended the case for him, as he was suffering from erysipelas of the hand. He applied fomentations of turpentine and laudanum frequently during the night. The next morning I found the patient's pulse 120, respiration hurried, constant pain in the back and hips and abdomen, uterus enlarged, abdomen swollen and very tender on pressure, lochia suppressed, and slight lacteal secretion—in fact all the symptoms of puerperal fever. She was treated with calomel and opium internally, and turpentine externally, and made a very slow recovery.

In December following I had a violent case of peritonitis in a lady fifty years of age, who died on the fourteenth day. I could trace the disease to no local cause.

In January, 1875, typhoid fever, pneumonia, hooping cough, measles and erysipelas prevailed to an alarming extent, and just at this time I was called to see Mrs. S., a neighbor to the patient who had died of peritonitis. Mrs. S. had been confined several days before, and had been attended by a midwife after the baby was born. The symptoms were about the same as in the first case, the lochia being suppressed and no lacteal secretion, pulse rapid, and considerable fever—having broken

<sup>\*</sup> Read before the Marion County (Ky.) Medical Society.

my thermometer I could not tell how much. This patient had well developed erysipelas on the foot and calf of the leg. She was treated with opium, tinct. ferri muriat. and quinia internally, and a solution of tinct. of iron and quinia locally on the erysipelatous leg. She recovered entirely within three weeks.

On February 4th, I attended Mrs. D. in her third labor. It was a face case; so I turned and delivered a dead child, after having administered chloroform. Twenty-four hours after delivery the patient had a chill, followed by severe pain over bowels, with great tenderness, womb greatly enlarged, anxious expression, with the common symptoms of puerperal peritonitis. She got no relief that night nor the next day and night, although she was given morphia in half grain doses every hour, and laudanum per rectum. This treatment was continued, and brandy and carbonate of ammonia given freely, but she died on the fourth day, never seeming to have more than a few minutes' sleep at a time. I went directly from this patient's house to attend Mrs. G. in labor in the country. A healthy child was born, and she and the babe did well.

About the same time Mrs. M. gave birth to a dead fetus, and I was summoned from the bedside of my puerperal fever patient to remove a retained placenta. I was told by the nurse that the after-birth had not been expelled, and I could not find it among the clots which had come away. I oiled my hand and introduced it into the womb, and found no placenta, but afterward discovered it among some old clothes which had been removed. Notwithstanding the above circumstances, the woman made a rapid and perfect recovery.

February 17th, I saw a colored woman, who was moribund from puerperal fever. This patient lived six miles in the country in an opposite direction from the patients I had treated in-November and January.

February 19th, I attended Mrs. C., in her fourth labor. She was delivered of a healthy child a few minutes after my arrival at her house. She did well until the next day, when, after eating a quantity of snow, she was seized with pain in

the stomach and bowels, to relieve which she placed snow over the chest and stomach. The result was a pneumonia, and all the symptoms of puerperal peritonitis. Treatment failed to relieve her of any of the symptoms; even large doses of opium procured only a few minutes' sleep at intervals, and she died on the afternoon of the fourth day. Two weeks after this patient's death, her husband died of erysipelas complicated with typhoid pneumonia.

February 25th, I attended Mrs. H. in her second confinement. After an easy labor of seven hours, a strong child was born. Twenty-four hours after delivery the patient was taken with a severe chill, was very nervous, pain in the back and great tenderness on pressure over the abdomen. I gave her one grain of morphia, which caused some sleep. The uterus could be felt through the abdomen, much enlarged, the abdomen became more swollen and tender. She was given frequent doses of morphia or laudanum to quiet the pain, and turpentine stupes were applied over the bowels, and the vagina washed out with a solution of bromo-chloralum. Tincture of iron and quinia were also given, and appropriate nourishment. As the case seemed hopeless, I tried the application of towels wrung out of cold water to the abdomen, which comforted her some. Hiccough supervened, however, and black vomit, and the patient died the evening of the fourth day after her delivery.

The day before the above patient died, I attended Mrs. B. in confinement, who got through very well, considering it was a face case. Two days after at my visit I found Mrs. B. comfortable, but uneasy about a colored woman who had slept in her room for two nights, who had a sore throat. I advised her to send her away, and so soon as I had left she sat up in bed and wrote a note to her husband in regard to the matter. Two hours afterward I was called to see Mrs. B., she having had a chill. I found her in a profuse perspiration, pulse 120, and the symptoms which accompany fever, with slight tenderness over the abdomen. She had been taking two grains of quinia every three or four hours, ever since the

commencement of labor. She was given laudanum and quinia, and turpentine stupes were applied, and the vagina washed out with bromo-chloralum.

The patient grew worse, and Dr. Polin, of Springfield, was called in consultation and advised opium and bismuth instead of laudanum, which relieved somewhat the hiccough and nausea. She was also given sulphite of soda and brandy. The next night, feeling that the patient would die unless something were immediately done, I applied a large blister to the inside of each thigh, which caused her to rally somewhat, but the next day she expired at 7 P. M., in spite of all the stimulants and nourishment, the seventh day after her confinement. The reaction from the blisters was too great, and it would have been better had only one been applied: used earlier, it might have averted a fatal termination.

My friend, Dr. Avrit, attended a colored woman in labor on March 10th. Dr. Hodgen also saw the case with him. The patient was taken with puerperal fever ten hours after confinement, and died on the third day. Neither of these doctors had seen a case of puerperal fever up to this time. Dr. Avrit went five miles in the country, while attending the above patient, and delivered a woman who, in every respect, had a good getting-up. Shortly after this a woman came in from the country, and was taken in premature labor. She was attended by Dr. Hodgen, and died from puerperal fever.

My last case of puerperal fever died on March 5th, and from March 18th to May 11th I attended ten women in confinement, all of whom recovered. Those who lived in or near the town had some symptoms of puerperal fever, while those in the country showed no signs of the disease, except one who remained in town up to the date of confinement. During the winter I sent several patients away to be confined.

During a practice of twenty-five years, I have occasionally met with a case of puerperal fever, and nearly all recovered; but this endemic which I have described is the first I have witnessed. I have given a candid statement, and leave to you the questions of contagion and portability of the dis-

ease. A majority of those who hold that the disease is contagious and portable, say they have seen many cases in consultation, but never carried the disease to their own patients. The first two cases in my practice were three months apart; the next three were very close together, and soon after I delivered ten more women, without any fever which could be called puerperal.

Since the above report was read to the Society, I have been called in consultation to see a case of puerperal fever with Dr. Blanford. It was a typical case but recovered, the treatment being about the same as in my previous cases. Two or three months after seeing this case, I attended a woman in labor who was confined in the house where her son was suffering from phlegmonous erysipelas, whom she had been nursing. She had a quick, natural labor, and, to my surprise, did well.

There seems to be no doubt that puerperal fever is more likely to prevail when erysipelas, typhoid fever and measles are prevailing; but whether from contagion, or septic poison from the physician, I do not know. I do know that where any disease is prevailing in a community, and a person receives an injury that puts him to bed, he is apt to contract that disease, whether it be malarial fever, typhoid fever, or even pneumonia. Were I to meet with a solitary case of erysipelas, or one of puerperal fever, and no others had occurred in the vicinity, I would not cease my obstetric practice; but had others occurred near, or were I to meet more than one case of puerperal fever, my visits to puerperal women should at once cease.

After my experience with these cases, I am still in doubt on the subject of contagion, and unable to say whether my patients caught the disease from me, whether from septic poisons connected with themselves, or from endemic causes.

LEBANON, KY.

#### A CASE OF PROTRACTED GESTATION.

BY JOHN M. KITCHEN, M. D.

Mrs. — was married in 1870, at the age of twenty years; before marriage was of delicate general health, irregular as to menstruation, and for some months had received special local treatment, but without much benefit. Not long after marriage she was a patient of Dr. Washington L. Atlee, of Philadelphia, who removed a uterine polypus. Intercourse has always been painful, distasteful, and rarely indulged in.

In 1876 and the early part of 1877, was under the care of a distinguished physician in New Orleans for uterine displacement, sensitiveness of the vagina, and retention of the urine. Menstruated about four times within a year.

In August, 1877, returned to Philadelphia to consult Dr. Atlee, and by his advice was placed under the care of another physician for special local treatment. Menstruated last time in the latter part of November, 1877, and had sexual relations with her husband between December 15th and 25th, 1877—not for some months before and never since. She was pronounced pregnant by her physician in April, 1878, and felt motion for the first time in the early part of May. Expected her confinement about October 1, 1878; was first seen by me on September 23d. Becoming tired of waiting, I made an examination on the 27th of October; motion was distinctly felt, and the beat of the fetal heart heard.

Labor commenced November 12th at 6 P. M., was exceedingly painful, and terminated on November 13th, at 2 A. M. The head was large and solid, and was delivered with the forceps. After birth the child, a female, had the appearance of one six weeks old. The parents are entirely trustworthy, and willing to be sworn as to the truth of this statement. It will thus be seen that here is a case where gestation was undoubtedly protracted to three hundred and twenty-two days. It may be a point of interest to state that the husband and baby have each red hair.

INDIANAPOLIS.

### Reviews.

Transactions of the Indiana State Medical Society—Twenty-Eighth Annual Session. Held at Indianapolis, May 21 and 22, 1878. 196 pp. Published by the Society.

Comes now this annual, handsomely printed on softly-tinted paper, its general make-up neat and attractive to a degree that entitles its superintendents to the thanks of all its patrons.

May we ask why it did not make its appearance with the hot sun of young July, instead of with the frosts of September? Why should it require four months to publish a book of less than two hundred pages, with all the facilities of the metropolis of the state at command? The issuing of such a book early after the adjournment of the assembly that gave it birth, would charge it with an odor of freshness that would add a zest to the enjoyment of the volume that makes the point worth striving for.

Next year's meeting of the society will be held at Indianapolis, the third Tuesday of May, 1879. As the next meeting of the American Medical Association will be held at Atlanta the first Tuesday in May, 1879, the representatives of the State Society to the National Association at last meeting will have to serve in that capacity a second time.

Dr. L. D. Waterman's Presidential Address is the opening paper of the volume, and treats in such a fresh and striking style the subject of State Preventive Medicine, that the society ordered six hundred extra copies published for the enlightenment of legislators, county superintendents of schools, and educational institutions of the state. Dr. W. not only presents his subject in its professional and general sanitary aspects, but also works out the dollar value of labor bestowed on State Preventive Medicine, which should commend it to

the political economist as well as to the humanitarian. Let all classes read the address.

Dr. Wilson Hobbs, Knightstown, presents a second paper entitled the Medical Witness, the first paper having been presented to the society last year. This paper grows out of the imprisonment of Drs. Dills and Buchman, of Fort Wayne, for refusing to testify as experts until their fees were paid. Their cases were appealed to the Supreme Court of Indiana, and on February 22, 1878, the court rendered a decision reversing the judgment of the court below, and establishing it as the law of the State of Indiana that medical experts can not be compelled to testify until their fees as expert witnesses are made satisfactory to them. Dr. Hobbs gives this decision in extenso, entering minutely into the particulars of the case from its inception, and then, con amore, has hunted up all the law literature, domestic and foreign, relating to the subject, and rehearsed it. The amount of unnecessary details presented makes the dissertation prolix, but something must be conceded to an enthusiast who does the essentials of his work well, even if he do have more than is called for. This decision of the Indiana Supreme Court is the beginning of the settlement of this question in every State of the Union.

Dr. J. F. Hibberd, of Richmond, read a paper on the Treatment of Infantile Convulsions, pleading earnestly for an abandonment of all perturbating treatment during the ordinary convulsive paroxysm. Let us hope he has sown seed upon good ground that will bring forth fruit for the betterment of spastic children, and the consolation of their unnecessarily alarmed parents.

Dr. L. Humphreys, of South Bend, recites five cases of Conservative Surgery, that contain an admirable lesson for the neophyte in practice, and may be read with profit by general surgeons who have grown gray in the service.

Dr. Thad. M. Stevens, of Indianapolis, as chairman of the committee on State Board of Health, makes report of his doings for the year. Last winter he sent to doctors in each of the counties of the state twenty-four questions touching

various points in the geology, topography, and sanitary condition of their surroundings. To these questions he received twenty-one answers—rather a meager number for the doctors of ninety-two counties; and his report is made up chiefly of a summary of these answers, and it contains much positive and comparative information that may be useful, if we receive it with the understanding that the average doctor, when replying to a large number of these general questions, is liable to be inexact.

Dr. F. Fravel, of Westville, furnishes a well written account of an Epidemic of Diphtheria, occurring in the autumn of 1877 and the succeeding winter, in a section of the state twenty miles wide and seventy-five miles long, south from Lake Michigan and embracing Laporte county, in which the narrator lived. In his town about one-third of the inhabitants had developed diphtheria, and a majority of the remainder had more or less sore throat. A little over six per cent. ot those attacked died; but all deaths were of patients under eleven years old. Dr. F.'s experience induces him to attach some prophylactic qualities to chlorate of potash. His treatment was one-eighth of a grain of permanganate of potash in a teaspoonful of water every two hours, and an intervening dose of one-fourth of a drop of fluid extract of belladonna in a teaspoonful of water every two hours, with a composite gargle of chlorate of potash, apparently prescribed for patients of all ages. There is some indefiniteness in the statement of treatment, but good results are claimed for it, and can be cheerfully allowed while the mortality was only about six per cent.

Dr. John S. Dare, of Bloomingdale, has a spirited portraiture of Nasal Catarrh. In bold and extravagant language, delightfully clear and understandable, he points out the beginning and progress of the disease, but stops short of telling us where it ends, and, what is more to be regretted, does not say a word about treatment. Surely a practitioner who can so graphically describe, must have some valuable experience in the management of the filthy disorder. Shall we not have

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Dr. Dare's therapeutics of nasal catarrh at the next meeting of the State Society, for the benefit of the thousands of patients of its members?

Dr. Thomas J. Dills, of Fort Wayne, reports a case of acute Basedow's disease, under successful treatment by digitalis and quinia.

Dr. W. W. Blair, of Princeton, gives a brief account of an epidemic of small-pox occurring in his town, glorifies vaccination, and ignores drugs largely.

Dr. Joseph Eastman, of Indianapolis, reports a case of Upward Dislocation of the Sternal End of the Clavicle, which, after several other dressings had been tried in vain to keep the bone from being displaced by a full inspiration, was cured by encasing the thorax, arms and injured joint, in a plaster-ofparis jacket.

Dr. George W. Mears, of Indianapolis, with warmth and pertinence defends his views of the clear distinction in the etiology and nature of unavoidable and accidental hemorrhage in placenta previa. His paper is entitled "On the Etiology and Treatment of Unavoidable Hemorrhage;" and he claims not only originality but a most gratifying success, for both mother and child, with the tampon treatment of unavoidable hemorrhage as a sole reliance in the cases to which it is applicable. Dr. M. asserts that there has been a persistent determination to misunderstand or misrepresent his views; but his plain and emphatic statement of his position in this paper seems to leave but little room for future errors in this behalf.

Dr. George Sutton, of Aurora, writes on Placenta Previa. Dr. Sutton never presents an indifferent paper, and this one detracts nothing from his established reputation. He points out succinctly the danger from placenta previa, and enforces the fact that when met with it is generally under such circumstances that the accoucheur must make up his mind instantly what to do, or lose his patient. In a majority of cases there is time to send for neither professional assistance nor for other remedial agents than are at hand. The study of the measures for relief must have been made in advance, and the application

of general knowledge to the individual case must be decided without hesitation. Perhaps all authorities agree that if the practitioner find the os sufficiently dilated or dilatable, hemorrhage continuing and pains inefficient, the one thing to do is to turn and deliver. But the accoucheur does not always find the os dilated nor dilatable, and Dr. Sutton details the several methods of arresting the hemorrhage, under these conditions. which have been recommended from time to time, signifying his preference for a forcible dilatation of the os with the fingers, while at the same time he uses a conical tampon of muslin, passed from the palm of the hand into the bleeding vessels. This is apparently impracticable; for, if the tampon press against the walls of the uterus around the os, how can the os be reached by the fingers for forcible dilatation? - and if the tampon pass through the os, it presses against the placenta or membranes only, and does not touch the bleeding uterine vessels. And, moreover, the pelvis is a small workshop wherein to carry on by the hand the mechanical dilatation of the os, and at the same time manipulate a muslin tampon. Dr. S. also advocates the early incision of an os, rigid and unyielding from fibrous or cartilaginous thickening.

Thirteen cases are related by Dr. Sutton, five of which were, more or less, under his own observation, and the remainder reported to him by his professional friends. His first case was fatal, notwithstanding a tampon had been applied; and on its result he bases his want of faith in the adequacy of the tampon as so earnestly advocated by Dr. Mears. But surely the case, as reported, should not be allowed this significance. Dr. Sutton did not himself apply the tampon, but says he was well satisfied that it had been most effectually applied. What satisfied him? The declaration of his confrère who applied it? This is not sufficient, if he has reference to Dr. Mears's method. Dr. Mears gives practical specific details for the application of the tampon he relies on, and its virtue can not be gainsaid by the failure of a tampon of another kind, nor one applied in a different manner.

These criticisms are not made to disparage Dr. Sutton's

dissertation, but to show that even his most excellent presentation of the subject has defective salient points whereof objectors may make a note.

If one looks over the literature of placenta previa and ponders its rationale, he is led to elevate three methods of management to the plane of prime importance:—First, if the case be under observation before parturition begins, induce premature labor by the use of Barnes's or other suitable dilator, as advocated by Dr. Parvin; second, if called to a case in labor, and happily with a Barnes's dilator at hand, apply it in the dual role of a dilator and tampon, until the progress of labor expels the instrument or supersedes its necessity; and, third, where the accoucheur finds his patient in labor with dangerous hemorrhage and a dilator not within reach, he may, with much confidence, rely on the tampon in manner and form presented by Dr. Mears.

A short discussion follows the paper of Dr. Sutton, wherein Dr. Parvin asserts the importance of placenta previa, and that the profession are far from being a unit in its management, but believes that full and frequent consideration steadily leads toward truth; expresses doubt about the necessity of distinguishing between accidental and unavoidable hemorrhage where there is certainty that the placenta is previa; claims that a majority of the profession sanction immediate delivery where it can be done; points out that more than a hundred years ago Leroux employed the tampon, and that Velpeau tells us that the styptic tampon acts as an irritant that arouses contractility that expels the fetus and tampon together; concludes that the tampon can not be relied on exclusively, if for no other reason because one out of eight or nine cases is a transverse presentation, where turning must be resorted to whether the tampon be used or not; reiterates his faith in the propriety of inducing premature labor with Barnes's or Molesworth's dilators; declares that the accomplished obstetrician will not confine his trust to any one method of treating all cases of placenta previa, but with the experience of the fathers and the suggestions of contemporaries before him, will apply such measures as the case in hand demands; and disclaims all but the kindest feelings and proper respect for those who differ from him in this and other professional affairs.

Dr. Harding commended the use of the speculum in the application of the tampon, and it was to Dr. Mears that he was indebted for the suggestion.

Dr. Mears did not believe that concealed hemorrhage could take place in using the tampon while the membranes were intact, at least it must be extremely rare; and he thought the proper application of the tampon would save ninety per cent. of the children in placenta previa.

Dr. Cook had had three cases of placenta previa in a little over six hundred labors; all three mothers survived, all three children perished. He could not understand how anything could be brought in contact with the bleeding vessels where a separation has taken place between the placental and uterine surfaces.

This ends the record of professional papers. I. F. H.

Nervous Diseases - Their Description and Treatment, By ALLAN Mc-LANE HAMILTON, M. D.

"A genuine book is one written by a man (on autre), because he knows something worth telling that has not been told. Of wenty books, or twenty professional lectures, possibly one may meet this definition. In all the others, the writer or speaker does not write or speak because he knows, but knows solely in order that he may write or speak. The vis a tergo is to the vis a fronte in the ratio of one to twenty. Teachers, who are also authors, are particularly given to be dragged into book-making by their position, instead of being pushed into it by the stores they have heaped up and must get rid of."

The above extract, from the Edinburgh Medical Journal, July, 1857, would be well placed at the head of the review department of any medical journal, in view of the numerous publications which are offered to the profession by ambitious authors and enterprising publishers. We believe the book at

the head of this article is one, in which the vis a tergo is disproportionately small compared with the vis a fronte. It has been written with purpose, and not with fullness of "stores heaped up."

"To produce a concise, practical book," is stated to be the object of the author; but between the lines there are occasional illy-concealed personal antagonisms, suggestions of personal fitness and immodest claims, which reveal other purposes than those of general professional elevation.

The scheme of examination of patients is imperfect, as is also that of the post mortem and microscopical examination. Offering such schemes in a "concise and practical book," is

probably unfortunate.

In the section on "Instruments," a plate of Seguin's surface thermometer and directions for use are given; but we do not find another mention of the instrument throughout the book, which has been carefully if not completely searched. Some instances of its diagnostic value would have been acceptable, if the instrument were mentioned at all.

The portion of the book on Diagnosis of Brain Lesions and their localizations, appears to be modeled, and in some respects copied, from Bastian. There is close similarity between

the two sentences following:

"Lesions of upper half of one lateral region (of pons).— Injuries to this part of the brain produce a hemiplegia of the same kind as that last described (lower half of one lateral region), with the sole exception that the well-marked paralysis of the face exists on the side opposite to the brain lesion." (Bastian.)

"A lesion of the upper half of the lateral region of the pons will be expressed by pretty much all the symptoms which follow the last mentioned lesion, except that the facial paralysis will be on the side opposite the lesion." (Hamilton.)

More detail as to the distribution of the cerebral arteries would be a practical addition to the study of localizations. Little mention is made of the symptoms localizing affections of the different cerebral sinuses.

The failure in precise descriptions of disease may be seen in the section on "chronic softening" of the brain, where there is a rush into the very midst of an unequivocal case, without indications of the relative significance of symptoms or of their proper relations in point of time.

Is the foot-note on page 370, where the statement is made, "I have been able to stop an hysterical paroxysm by firm pressure upon the ovary"—"other observers have called attention to this phenomenon, among them Charcot," intended to imply that this measure of the therapeutics of hysteria was copied from him by Charcot?

That professional unsteadiness, which is evinced by anxious claims for priority in the use of remedies, is illustrated at a number of places—tri-nitro-glycerin is one of these instances. At the same time there are other instances of failure to even mention other remedies already established in the treatment of nervous diseases. Polypharmacy finds a flagrant illustration in the prescription given in full for the treatment of epilepsy.

The symptomatology of exophthalmic goitre is defective in his text. Locomotor ataxia is divided into the two forms of ascending and descending, without any explanation of the author's understanding of the subdivision. "Asemasia" is an invention for superseding "aphasia;" but two pages beyond he says, "aphasia is much more expressive and proper than any other." If so, why invent another term, and thereby add confusion to the subject?

We have thus written of this work, because it is time authors who would fain lead the profession should be held to strict accountability. We do not see that this one has as yet filled the vacancy which is felt to exist in the English language, that of a systematic and reliable treatise on "Diseases of the Nervous System." One more elaborate than this exists, but it has not gained the confidence of the profession. The vis a fronte is more conspicuous than the vis a tergo in both that one and this. At the same time one must do justice to the labor evinced in this work; but the author has not been "pushed into it by the stores" he has "heaped up, and must get rid of."

W. C.

Harvey and his Discovery. By J. M. Da Costa, M. D., Professor of the Practice of Medicine at the Jefferson Medical College, Philadelphia. Philadelphia: J. B. Lippincott and Co.

William Harvey was born in 1578, just three hundred years ago. Prof. Da Costa, in opening the current session of the college to which he is attached, instead of making the customary address for such occasions, by pouring out to the assembled class and attendant friends of the institution eloquent and instructive precepts, chose wisely to abandon the beaten path and preach example by presenting to his audience an oration on the life, times, character and labor of him who may justly be held to be a father of the existing science of medicine, who by induction, observation and vivisection, laid the foundation for our present knowledge of the structure and functions of the human body: this exemplar was Wm. Harvey.

Harvey not only discovered the circulation of the blood. and was the foremost among the scientific medical men of the day, but was also a noted man among men of note in every walk of life-the cotemporary, companion and peer of Shakespeare, Bacon, Sydenham, and the exceptionally brilliant men of the stirring times that preceded and covered the era of Roundhead and Cavalier in English history. The eighty years of his life were crowded with events—political. professional and personal — of such perturbating character that they might be counted of the nature of social ferments, which not only made the most momentous changes in the world of that day, but whose continued influence is potent still in every corner of civilization. What a field, wide and rich, is here opened to the acute and accomplished gleaner; and who so qualified as Professor Da Costa to select, from the mass of material at his command, the choice bits of succulent mental aliment to attract his audience, to improve their hearts, to nourish their souls, to excite their emulation, and to charm their esthetic tastes? —and all his good qualities seem to have been in exercise on this occasion to bring to the hour's feast the pick and choice of the viands before him. Let all who wish to enjoy, for an hour or two, a fresh and refreshing dish of old material, sit down to the bill of fare presented by Prof. Da Costa in "Harvey and his discovery." J. F. H.

### FOREIGN CORRESPONDENCE.

## DR. YANDELL'S LETTERS FROM ABROAD-No. VII.

LONDON, July 26, 1878.

My DEAR PARVIN: To write a letter now, which will probably not be published until next winter, is somewhat on a par with speaking in a phonograph, knowing that your words are to remain in its recesses till ground out—any time—in the distant future.

My trip to Edinburgh was quite as delightful as any other part of my visit to this charming country. I missed seeing Mr. Keith, which I need not say I felt keenly, since, after witnessing Mr. Wells do an ovariotomy, I was especially desirous of seeing the great Scotchman handle a knife. But you can't see everything and everybody, you know. I did see Prof. Spence amputate a thigh, Mr. Chiene straighten a couple of rickety legs, and Mr. Annandale was kind enough to ask me what operation I should like to see him do. I chose resection of the elbow, which I can say I never saw done better. He divided a stricture by Maisonneuve's method—for good measure, I suppose—and did it with much grace.

After this I went with Prof. Tate to one of the great machine shops, where he was making trial of his new fog alarm, which is intended to take the place of the present steamwhistle used on vessels. It consists of two iron wheels—say a foot in diameter—flanged at regular intervals on one of their sides with copper, and made by machinery to revolve in opposite directions. When we entered the shop, we could hear nothing but the noise of the machinery. When Prof. Tate set his infernal noise to going, it smothered all other sounds as completely as those other sounds had smothered our voices. It was simply deafening. Such a shrill, loud, prolonged, penetrating, overwhelming noise I never before listened to. It rings in my ears now, as I sit three hundred miles away.

From Edinburgh I dropped down to Abbotsford, and saw where the "Wizard of the North" had weaved the spells

which make his memory so dear to the millions who have read the Waverly Novels. Then I went to Mr. B.'s, where I spent Sunday and Monday with his charming family. Sunday morning we walked across the fields to the kirk, seated a couple of miles away. It was a genuine, old Presbyterian church, in which the ancestors of the B.'s had worshiped for many generations. The building was of stone, long and narrow, and severely plain. The pulpit was perched midway one side the church. The pews stretched out in front and on either side. Their backs were high, and their bottoms hard. In front of the pulpit, on the opposite wall, was a rude painting or fresco, representing a tree, at the root of which lay an ax. Over these drawings was the following inscription:

"Behold the axe lyes at the Tree's Root,

To hew Doune these that brings not forth good fruit,

And when they're cut The Lord into his ire

Will them destroy and cast into the fire."

The pews were so narrow that I should have thought they would have made the young folks who sat in them either short-legged or bow-legged, but on looking at the congregation, after it was dismissed, I found the people of the usual height. The box of the precentor was attached to the front of the pulpit. The business of that precentor was quite what I have observed it to be in others, namely to raise tunes which none other than himself could sing. Then, in order to magnify his office I suppose, he gave us the usual facial contortions, intended to impress upon his listeners the difficulties of his work. The minister was a large man, with stronglymarked features, and wore a wig. I should say that "he is a workman needing not to be ashamed." He was earnest and impressive, and delivered himself in a way which evidently attracted and edified his hearers. I was particularly struck with his style of prayer. He addressed God as if he was on very close personal relations with him, and left him no margin for misapprehension. For instance, he offered a supplication for one of his charge who was sick, about in this wise:-"Lord, be with that member of this congregation whom I did not hear until yesterday was ill, and whom I consequently could not see until last night."

Monday Mr. B. drove me over to see the hounds of the Duke of Buccleuch in their kennel. Thirty years before, the Duke had been kind enough to promise me, through Mr. Liston, a couple from this noted pack. On our way there we overtook Mr. Shore, the head huntsman, and two whippers-in, mounted on their hacks, exercising the young hounds on the road. There were twenty couple, I think. A few minutes later we drew rein at the kennel, and Mr. Shore politely showed us the hounds and the hunters as they stood in their stalls. It was really a beautiful sight—the shapely, highbred horses, the brave-looking dogs. Of the former I should say there were a dozen, including the hacks used by the huntsmen. The pack, I think, embraces fifty couple. It is kept up by breeding a certain number of whelps annually. These, on being weaned, are named and put out among the tenantry to raise, a guinea each being paid for the trouble. The youngster, if alive, is returned the next season, knowing his name, and that he must hark to it. He then, along with his mates, is put under the standard, and if his height does not exceed twenty-eight inches, nor fall below twenty-four inches, and he be otherwise well shaped, his ears are trimmed and he is passed into the kennel. If, however, he should have grown too fast or too little, he is mercilessly killed. After a time he is taken out daily, first for gentle and then for severe and prolonged exercise, say fifteen to twenty miles at a stretch, and in September he is put on young foxes. The kennel is a plain, red brick building, paved with stone slabs and divided into several apartments, in the center of one of which is a raised platform, containing straw for bedding. The day was a little cool, and most of the old hounds lay in the straw. The kitchen, where the food is prepared, is under the same roof. The menû at this season consists of corn-meal mush, thoroughly cooked. On expressing myself to Mr. Shore, as being glad to see one of the products of my own country used in that way, he remarked that the meal was an excellent food for growing hounds, and such as it was wished to fatten; but during the hunting season it was replaced by oatmeal, which gave the hounds better wind. He was quite sure the pack could do much harder and faster work on oatmeal porridge than cornmeal mush, but the latter, he added, was a capital summer food. The same fatality which has attended parturition in other domestic animals, during the past year here, had affected the hounds, a number of mothers having died in the puerperal state. Mr. Shore showed me four puppies that he had removed some days before by Cæsarian section. The dam perished, but the whelps were sprightly and nursing a foster mother.

Some weeks ago, while strolling through the rooms of the Royal Society, during one of its delightful conversaziones, where you are sure of meeting most of the savans of this wonderful city, Dr. Bucknill presented me to Dr. Acland, to whom I bore a letter from my venerable master, Prof. Gross. Dr. A. was in London, presiding at the Medical Council. Do you remember poor Brainard? He and Dr. A. are wonderfully alike-much the same figure, the same fine heads and benignant faces. Before we parted Dr. Acland said, "Be sure you run down to Oxford and see me. Come the evening before Commemoration Day. I will give you a bed and breakfast, and try and make you comfortable; and next day, before the exercises begin, we can look through the hospital and museum, and over the old place generally." Unfortunately, when the time came, I was so engaged as to be unable to accept the bed. I took the early train for Oxford, expecting to get the breakfast. The hour for starting was five o'clock, the distance eighty miles; it was necessary to change cars; I went to sleep before reaching the junction, did not hear the call of the guard to change for Oxford, and went whirling on thirty miles out of the way. When I woke and looked at my watch, I saw that the hour had come when I should have been at Dr. Acland's. On representing my dilemma to the conductor, he politely went with me to the ticket office, had my ticket changed, put me on the proper train, which in due time landed me at Oxford. I paid no additional charge for the extra sixty miles. The railroads in your state, Parvin, are not managed in so liberal a way. Some years ago, in going from Louisville to a point above your city, to do a lithotomy, I was carried, for the same reason and about the same distance, beyond the station at which I should have stopped. I was not only obliged to pay for my stupidity, but got in exchange more than my share of incivility from the railroad officials.

When I reached Dr. A.'s house, he had been obliged to go over to the University; but he was thoughtful enough to leave a note for me, which secured me a nice little repast, and directed me where he was to be found. My breakfast over, the Doctor gave me a ticket to the Sheldonian Theater, the galleries of which were already almost exclusively filled by grand looking women in brilliant attire. The fun and frolic which the under-graduate Oxonian had, in previous years, carried to so wild and disagreeable a point, was greatly curtailed by admittance to the building being limited to the holders of tickets, which it is said were dispensed on this occasion with unusual circumspection. For all that, however, the youngsters, during the pauses in the organ recital, invited responses from the assemblage to the cheers for the "ladies in blue," and the "ladies in white," and finally for "all the ladies." Before the arrival of the dignitaries of the University, cheers were given for the Queen, for the Princess of Wales, and for other members of the royal family. "Lord Beaconsfield and the British Empire" were enthusiastically cheered, while Gladstone got three groans. The Proctors got three ditto with a will. Cheers were also given for the "University Eight," the "Head of the River," and the "Examiners," "Prof. Rogers and his dissipated under-graduates," were greeted with tremendous groans. Prof. R. had incurred the displeasure of the students a short time before, when Mr. Gladstone, while delivering an address at Oxford, was interrupted by some of the youngsters; whereupon Prof. R. exclaimed, "It was only a knot of dissipated under-graduates." He subsequently stated that he had not been correctly heard; that he had said "D'Izzypated." This explanation, however, was not accepted by either the "dissipated" or the "D'Izzypated" youth, and the groans were something frightful.

Presently the great doors were thrown open, the national anthem pealed forth, and the chancellor, doctors, the heads of houses, and the visitors, including several American bishops, slowly entered, and passed to the places reserved for them. The proceedings were opened by the chancellor, who read the names of those who were to receive the degree of D. C. L., honoris causá; and submitted them severally to the convocation, asking "placetne vobis," etc. They were, of course, passed by acclamation. The great doors were again thrown open, and the eight distinguished persons named, attired in scarlet gowns, slowly approached and were presented to the chancellor in a Latin speech by Dr. James Bryce, Regius Professor of Civil Law, which, I have no doubt, was both laudatory and finished, but was wholly inaudible to most of the assemblage. The Hon. Edward Pierrepont, our late minister to the Court of St. James, was the only one of those on whom the distinction was conferred in whom we feel any special interest. He was loudly cheered, as indeed were the remaining seven. The heartiest cheers, perhaps, were given to Lord Napier of Magdala, who was greeted besides with a verse beginning-

"We've got the ships-we've got the man."

I saw the hero of Magdala on several public occasions, when he was invariably welcomed by applause. I should say he was an exceedingly popular man. In appearance he is quite enough like my friend the Hon. Proctor Knott, to be his twin brother. If he had the oratorical gifts of Knott, I believe he could do anything he pleased with the English people.

The prize-winners of the class of '78 then began their—to the audience—somewhat dreary work. Of the several compositions read, not one could be heard by persons thirty feet

away. Some were distressingly long. During the reading of one, the under-graduates' patience was exhausted. They began to murmur, then to grow noisy, when finally one, bolder than the rest, yelled from a distant point in the gallery, "Couldn't you go a little faster?"—(broad a.) This speech was greeted by loud applause. The reader smiled, and turned over several pages of his manuscript. As he was about to stop this agreeable work, the man in the gallery velled again, "Oh! don't stop-turn on." Finally, the proceedings closed, and the great audience dispersed. In the afternoon there was the usual Garden Party, and in the evening the Christ Church Ball. I attended neither, but passed the time most pleasantly with Dr. A. visiting the chemical laboratory and hospital of the University, the arrangement and convenience and completeness of which I have seen excelled nowhere. I reached London at midnight.

While in the City, not long since, a light rainfall drove me from my accustomed seat by the driver of a 'bus to the inside. The shower soon passed over; the passengers, one by one, reaching their destination, left the vehicle, until one other very good-looking man and myself alone remained. The omnibus came to a stand-still, caused by one of those blocks which occasionally occur in the great current made by the countless vehicles which roll over the streets of London. My fellowtraveler consulted his watch, and remarked that it was seldom that the loss of ten or fifteen minutes at that hour of the morning made any particular difference to him, but that he had an important engagement that morning with a couple of Americans-"Yankees, you know." And then he added, "Do you know that all the Yankees look alike to me—the men I mean?" "Indeed," I replied: "in what respect? I don't think I have observed it among the few I have met." "Well," he returned, "they're all thinnish, you know-not stout, I mean; and have light hair, usually straight, with sandy or light beard or moustache, and talk through their noses, which are generally prominent and long," "Ah!" I said, "you're quite right, I've no

doubt; but I've heard Americans say that there was a distinct difference between the Yankee proper, or New England man, and men from other parts of the United States, particularly from the South." He added that he did not remember having seen any Southern Yankees, his acquaintances having been from Vermont and Massachusetts.

About this time the blockade was raised, and we moved on. Presently I said to my newly-made acquaintance: "Speaking of different races, what countryman would you take me to be?" "An Englishman, I should say, you know," he replied, "who had traveled a good deal, and been quite a time in India, perhaps." "Well," I rejoined, "you might have missed it farther. I was born, though, in one of the Southern States of America, but married when quite young, and have lived most of the time since in the tropics; at least my home has been made decidedly warm—on occasions." Slowly he took in the joke, laughed, and said, "Well, really, that's not bad, you know."

I asked him if he could tell me how I could get to hear Mr. Spurgeon, whose church we happened to be near at the time, without having to wait at the doors so long, as I understood one had to do on Sunday morning. He replied that he was a pew-holder in the Tabernacle, and should be very happy to send me a couple of cards, on presenting which to an usher, I would be shown to a comfortable seat, near to the pulpit, where he would be really glad to see me on the next or any other Sunday of my stay in London. "Do not surrender the cards to the usher," he added, "but retain them, and when you are through with them return them to me." I gave him my address, and the next morning the cards came, accompanied by a very kindly note. The following Sunday our friend Prof. Noble Butler and myself were shown to the pew of my pleasant acquaintance, which, as I had been told, was near to the pulpit, fortunately near enough to enable me to see Mr. Spurgeon and the multitude who had assembled to hear him. It was indeed a multitude, a multitude of well-dressed men and women, with a large sprinkle of young people and children,

all in their Sunday attire, quiet, decorous; a congregation of six thousand, filling every seat, and occupying chairs in the aisles. Our seats were in the gallery, but a little raised above the head of the preacher as he stood at his desk. Presently a stout, short man, dressed in a suit of plain black, frock coat, ascended the steps leading to the pulpit. His face was covered with short-cropped whiskers and moustache. His hair, which was brown, was also worn short. His shoulders were broad. and his girth considerable. His arms were not long, nor were his movements graceful. Seating himself, and resting his round and somewhat massive head on one of his hands, he seemingly engaged for a moment in prayer. He then rose, and Mr. Spurgeon stood before his people. He opened the exercises by a prayer which was short, and heard in every part of that vast building. His voice is clear and sonorous, his enunciation singularly distinct, while his intonations are neither monotonous nor conventional. He next took up the hymn-book, which was the signal for a similar act on the part of almost every one present. I never saw such an opening of hymn-books; I never saw so many hymn-books in hand at one time. The movement was contagious. Mr. Butler took one, I opened another. The hymn being read—and wonderfully well read—the precentor led off in a familiar and very beautiful tune, which was caught up by six thousand voices, and sung with a spirit which alone constituted most feeling worship. It was hardly to be expected that so many voices would keep time together. In one or two lines the discord was so plain that when the verse was concluded Mr. Spurgeon said, "It seems there are some persons singing who are determined not to keep time with the rest of us. If such is their purpose, and they will make it known, the rest of us will endeavor to keep time with them." With the next verse his own voice, which is a very full one. rose above all others, and the harmony became almost complete. His remark reminded me of the preacher in the "Georgia Scenes," who administered a similar rebuke to Ned Brace when he attempted to join in the music.

Mr. Spurgeon next turned to the 146th Psalm, and com-

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mented upon the subjects as he went along. Thousands of Bibles were opened, his hearers following him as he read. I thought he made this the most interesting part of the exercises. He reads better than one preacher in a thousand. His second prayer was of regulation length, earnest, simple, homely. His text was from the third verse of the 146th Psalm, "Put not your trust in princes," etc. He preached from notes, to which, however, he seldom referred. His delivery was very straightforward, his gestures few and not notable for their grace; and when he had concluded a discourse which held that vast throng with unabated interest for fully fifty minutes, I was forced to ask myself in what does the power of this great man consist? It can not be in his presence, for that is in nowise striking; nor in his voice, which is neither clarion-toned nor tender; nor in his attitudes, nor in his gestures, for the first are not classic, nor are the latter in curved lines. Yet there is no man in all London, with its host of prelates, bishops, and the like, who can attract such audiences, or hold them as he does. Dean Stanley, the bishop of Westminster, who I see is soon to visit our country, and who besides being one of the best, is also one of the most learned men and ripest scholars in the English church, addresses but a handful of people compared to the thousands who crowd the Tabernacle. I must believe that the principal element of Mr. Spurgeon's power is that which David Copperfield declared was the groundwork of his success, namely-EARNESTNESS. Add to this quality, great simplicity of language, unquestioned piety, and the genius of common sense, and, as far as I can see, this is all.

On our way to our lodgings, Mr. Butler and I got wet. The next day, while dining with some medical brethren, I mentioned having been to hear the renowned Baptist, and being caught in rain; whereupon I was told that the latter was what I deserved for having gone to hear the heretic, as my friend of the established church styled Mr. Spurgeon. I replied that I had only been sprinkled, not immersed—a joke which was not detected. Englishmen, I'm afraid, are not quick to catch jokes—I mean mine.

Dr. Acland's address at the twenty-sixth session of the General Medical Council was one of those straightforward. business-like productions so characteristic of these people. It was really but a statement of the question of medical education as affected by the several bills on that subject now before Parliament. The discussions which followed, and in which, among others, Sir James Paget, Sir Dominick Corrigan, Sir William Gull, Mr. John Simon, and others, took an active part, was, it seemed to me, very routine, abounding in red tape, and indescribably dull. The best speaker present was Sir James Paget. He would be regarded as charming in any country. A writer in a recent number of a medical journal. in describing the debates at the Council, styles Sir James as the "persuasive Paget," and Sir William Gull as the "solemn and sententious Gull." Whoever the writer may be, he was an artist.

The question of medical education seems to press upon our fraternity here quite as urgently as upon us at home. The Regius Professor of Medicine at Oxford, Dr. Acland, remarks in his address, that "defective general education, empiricism from lack of scientific training, imperfect education tending to encourage low preparation, struggles for existence among too many institutions," exists in Great Britain. And what, in his opinion, is most needed to correct these evils, is "the application of the best minds to the steady development of a sound literary, scientific and practical examination scheme, which shall admit diversity of learning and teaching without allowing unreasonable stringency, or dangerous leniency in testing results." The question at issue is, who will best arrange this scheme-a government office, or the combined efforts of the profession? The way out of the difficulty lies, it is believed by many good men here, in the hands of the several medical institutions. If these would but agree to construct a national board of examiners in each branch of the kingdom, the principal difficulty would be solved, and, as Dr. Acland remarked, the several questions affecting a higher organization of teach. ing will gradually be unfolded and discovered. We all desire,

he added, freedom of teaching with perfection of testing. We all desire perfection in training medical students, who shall possess sincere aspirations, that shall be fruitful of intellectual, moral and social good.

I spent two delightful days a week ago at Birmingham, enjoying the hospitality of Mr. Middlemore, the translator of "the Renaissance in Italy by Burckhardt," a work which will please you more than anything you've read in many a day. While there, I naturally visited the Queen's Hospital, the field of the late Mr. Langston Parker's long and valuable labors. I found Mr. Sampson Gamgee at work in the surgical amphitheater, and saw him do several operations. He is an earnest, attractive speaker, and a most zealous cultivator of scientific surgery. His recent work on the Treatment of Wounds you have already seen.

When you make your next visit to London, do not fail to visit the Royal Veterinary College, founded now nearly a hundred years ago, by the association of a number of noblemen and gentlemen. The names of the educational staff of this institution are well known to scientific veterinarians everywhere. Professors Simonds, Pritchard, Cobbold and Axe are to be regarded as the equals of the best men engaged in this branch of the medical art. The college is provided with a pharmaceutical laboratory, class-rooms, dissecting-rooms, students' reading-rooms, etc., etc. I saw a number of students engaged in dissections, and heard Prof. Pritchard lecture on The infirmary contains accommodation for one hundred horses, besides cattle, sheep and dogs. There are provided hot, cold, douche and vapor-baths, operating-rooms, covered exercising grounds, besides three rooms specially set apart as an infirmary for dogs. In the latter were several canines suspected of having hydrophobia. They were kept there for the purpose of testing the question. They were a sorry as well as a most unhappy-looking lot. The museum of the college abounds in interesting preparations. It is particularly rich in vesical calculi, one of which was recently successfully removed from a horse. The institution is sustained mainly by subscription, the subscribers being entitled to have their stock and other animals treated at the institution at a charge only for their keep.

The London school of medicine for women has finally been placed upon a footing which must compel the respect of all right-thinking men. It has recently purchased the valuable museum belonging to the late Dr. Blundell, which was formerly, you will remember, at Guy's Hospital. The corps of teachers at the school, including both sexes, numbers twentyfive, and embraces such names as Thomas King Chambers, Mr. Critchett, Mr. Gant, Dr. Duprè, Dr. Sturges, Mr. Bond, Mr. James Adams, on our side; Mrs. Garrett Anderson, Mrs. Sophia Jecks Blake, on that of the gentler sex. Prof. Huxley and Mr. Ernest Hart, and Dr. Charlton Bastian and Dr. Burdon-Sanderson, are among its warmest supporters. Poor Anstie was at one time Dean of the institution, and it is said that his great personal influence contributed largely to the success of the institution. A lady of New South Wales has recently bequeathed about forty thousand dollars to the college. The class numbered last session somewhere about fifty. In an historical sketch of medical women, by the Right Hon. James Stansfeld, he says:—"In a few years a full opportunity will have been afforded of comparing the capacity of the two sexes for medical work, and of estimating the relative demand for their services." Until those few years have passed, we had as well wait. As I said, in my inaugural address before the American Medical Association, when female practitioners are needed they will be forthcoming. For the present, here's To the Ladies, God bless them!

But this my last letter must have an end. In the midst of all my work and all my enjoyment, I have kept a steady eye on the interests of the American Practitioner. Among other things I have secured a regular correspondent here, who, already distinguished, is destined if he lives to take a

first place among the medical men of Great Britain. He will furnish a monthly letter, devoted exclusively to the practical sides of our art. I have also the permission of Mr. Francis Mason, to reprint his Lettsomian Lectures on the Surgery of the Face, recently delivered before the Medical Society of London. These I shall supplement with extracts from his Lectures on Harelip and Cleft Palate. For this purpose, Mr. Mason has given me nearly a hundred woodcuts. Mr. John Chiene will write for us a series of Lectures on Surgery, which can not fail to be read with interest on our side the water. Dr. B. W. Richardson, Mr. Sampson Gamgee, Dr. Crichton Browne, Dr. Lauder Brunton, Dr. Milner Fothergill, and many other distinguished physicians and surgeons, have promised to contribute to our pages. Dr. Richard Brandeis, who wrote for us while a resident of Louisville, will continue to do so, now that he has cast his lot, won his spurs, and hung out his shingle here. Altogether I must believe that no journal in America will offer such attractions for the vear 1870 as the American Practitioner.

To-morrow I go down to the sea. And I shudder at the thought! I hope, before embarking at Liverpool, to see the dear Samuelsons, of whom I wrote in my first letter, Dr. Braidwood, and Mr. Harrison, who passed me on the ocean.

One word, and I am done: The kindness which met me when I first touched these hospitable shores, has followed me all the day long. It has made my stay here unspeakably pleasant. It has filled me with memories which will make me a happier and, let us hope, a better man. It is a great privilege to have known such men as I have come to know here. It will be a source of unfailing regret that I am not likely to be granted an opportunity in my far distant home of repaying even a tithe of the kindness which has been shown me. I can only hope to do so by being loyal to our common calling.

Ever, my dear Parvin, yours faithfully,

D. W. YANDELL.

# Olinic of the Month.

TREATMENT OF CHOREA.—Dr. Thomas B. Peacock, in the recently issued volume of St. Thomas's Hospital Reports, in the concluding portion of a report on cases of chorea thus speaks of the treatment of the disease:

In a large proportion of cases of chorea there is evidence of disorder of the general health and of the digestive organs, the tongue being furred and the bowels confined. When this was the case a purgative was usually first prescribed, such as a calomel and rhubarb powder, or some blue pill and rhubarb, and this was combined with the stomachic mixture (a cold infusion of rhubarb and gentian with soda and ginger). and this treatment was continued till the symptoms of disorder of the digestive organs subsided. In some cases, under this treatment, the choreic movements almost wholly disappeared. In others they were greatly relieved, and the patient was then put upon a tonic course of treatment, quinia and iron with cod-liver oil and a nutritious diet, and an allowance of wine. In others, when the tongue became clean, but the choreic movements still continued, nervine tonics were used; if the patient was pallid and anemic the chalybeate remedies were generally first employed, preference being given to the saccharine carbonate of iron, in doses of five, ten, or twenty grains, three times daily. In other cases citrate or sulphate of iron was given. If, after a fair trial of this, there was little or no obvious improvement in the state of the patient, sulphate of zinc was prescribed, in doses of one or two grains, three times daily, and the dose was increased by one or two grains twice a week, till sickness or nausea was produced, or

till the symptoms subsided.\* Not unfrequently the zinc was first given, and either remedy was replaced by the other, or by the liq. arsenicalis, if no satisfactory improvement was seen at the end of a week or fortnight. The amendment is often very gradual, and seems rather to accord with the improvement in the general health of the patient than to follow quickly after the use of the remedy. A very good test of the advantage of the treatment is afforded by the state of the pupil; generally, when the symptoms are very active, it is large and shows little or no action under the stimulus of light, but as the symptoms subside, it diminishes in size and is much more readily affected by light.

The movements are occasionally so constant and severe that the patient gets little or no rest at night, and so becomes rapidly exhausted, and the back is apt to chafe and bed sores to form, and indeed it is in this way that the cases generally prove fatal. It becomes, therefore, of great importance that the patient should be quieted, and anodynes are required for this purpose. I have generally preferred to give Dover's powder, frequently in combination with henbane, either at night or at intervals during the day. Sometimes morphia has been used in a similar way, and occasionally it has been employed hypodermically; and more recently chloral has not unfrequently been given at night.

The use of the shower bath, either cold or tepid; or, when the patient is timid, of ablution with tepid or cold water, is often of use in effecting a complete cure after the active symptoms have subsided; and when the patient becomes prostrated nutritious food and wine must be given; and I have sometimes seen great advantage from the use of nutritive enemata with wine, where the patient was becoming rapidly exhausted and could not take an adequate amount of food by the mouth. In one very severe case, in which the skin was excessively dry and harsh, great relief was obtained by the use of the warm bath, followed by the inunction of warm oil.

<sup>\*</sup> The zinc appears to be more efficacious when the dose is rapidly raised.

Anesthesia in Parturition. — Dr. A. H. Halberstadt, a physician of large experience, a prominent member of the Medical Society of the State of Pennsylvania, and of the American Medical Association, at the last meeting of the society read an interesting paper on the above subject, from which we extract these conclusions, drawn from at least one thousand cases under his own observation and management:

First. That the parturient state is the only condition of the system during life in which anesthetics, judiciously administered, are entirely devoid of danger.

Second. That the physiological action of chloroform, ether, and alcohol in a woman during labor is not identical with that in an ordinary subject in a dental chair, or upon the surgeon's table, and from the history of such administration, free from a single well-authenticated case of death, with statistics showing its superiority over venesection, opium, etc., in the desperate emergencies attending irregular labors, as eclampsia, it is fair to infer that this agent is an especial therapeutic indication for parturient women, and should be so regarded in all labors where by its use the pains of the second and third stages could be obviated, and this, too, to the ultimate benefit of the mother and safety of the child.

Third. That in puerperal eclampsia it is especially indicated, because of its direct, rapid and general action, controlling nervous physiological irregularities, exciting secretion, relaxing the os and perineum, and in short so preparing the parts as to aid the accoucheur in his manipulations for the essential emptying of the uterus—to accomplish which venesection, opiates, purgation, counter-irritation, etc., either singly or combined, bear to anesthetics the relation of mere fractions to a grand whole.

Fourth. Its application is universal; no diseased condition of the heart or lungs, at all likely to exist where pregnancy can occur, should forbid its use; for where has a post mortem exomination revealed a dilated and weak right heart from fatty degeneration in the body of a pregnant woman at full term?

Fifth. That in view of its known therapeutic action and safety in the small quantity required to produce narcosis, no use of the forceps, version, nor obstetric operation of any moment, should be performed without it; not only to save the patient from shock and its consequences, but because of the great saving of time and labor, and in most instances the assistance it affords the operator.

Sixth. Owing to the fact that uterine contractions are often lessened by the administration, it is always important to precede it by an oxytocic, in all labors and at any stage, where the pains are slight, so as to increase their force, and also to guard against post partum hemorrhage—a very infrequent occurrence where such precaution is taken.

Seventh. Accidents to the unemptied bladder, ruptures of perineum and sphincter ani, may be prevented, as well as death of the child in prolapsus of the cord, by the facilities afforded for rapid delivery, especially in primiparæ.

Eighth. That in no instance have I seen narcosis of the child attributable to the anesthetic.

Ninth. Without any special reason, excepting the common disagreeable feature of ether, and the supposed risk of chloroform, I have generally used the mixture proposed by the Medico-Chirurgical Society of London, consisting of ether three parts, chloroform two parts, and alcohol one part, being careful as to the quality of the preparations, and having them recently mixed. With this combination I have never been disappointed, or regretted its use; and, in truth, nearly all the troublesome cases I have had after labor were those in which, for some reason, the anesthetic was not used.

## Motes and Queries.

VITAL STATISTICS.—The following paper and proposed act are from the pen of an eminent lawyer of Lafayette, Ind. The argument, and the bill too—although, of course, the name of the state would have to be changed—are of general applicability; and we take great pleasure in presenting them to our readers: they embody the matured thought of a gentleman who has given much consideration to the matter. Nineteen states now have boards of health, and which one of the eighteen others will have the disgrace of being the last in this important movement?

The wealth and power of the state must depend very largely upon the health and longevity of its inhabitants. A fertile soil, a mild climate, and rich mines, are nature's contributions to our welfare. If we would utilize and improve them, and so make ourselves a rich, prosperous and happy people, we must learn and obey the laws of health, that we may be able not only to labor and accumulate, but also enjoy the fruits of our industry. A sickly and short-lived people are necessarily poor, powerless and miserable.

We have devoted our energies to the physical development of the territory, of the state, and have made the "wilderness to blossom as the rose." We have made wise and liberal laws for the education of our children, and just ones for the government of our people; school-houses and churches abound, and we have taken good care that our moral and religious interests shall not be neglected.

It is strange, but true, that the matters of most vital importance to us as a people, those which alone enable us to utilize and enjoy our natural advantages, those without which life itself is a burden—our health, longevity, and consequent happiness—have received scarcely any legislative attention.

Avoidable sickness and premature death are the great wastes, and cause the most useless burdens of society. Not only is the labor of the poor sick man, or of him who dies prematurely, lost to the community, but he, while living and his helpless family until they can care for themselves, must be supported at the public expense—by the tax-payers of the county. Our poor-houses and hospitals are largely filled with those who, from preventable sickness of themselves or their natural supporters, or the premature death of such supporters, are made involuntary but expensive paupers.

The subject, therefore, of the health of the people is one that merits the most careful investigation, to the end that wise laws may be enacted to aid in the prevention, so far as it is practicable, of sickness and premature death. It would not be difficult to gather statistics, and make computations of the vast amount of pecuniary loss sustained by the preventable sickness and deaths of able-bodied men, and the consequent cost of the support and care of themselves while sick, and their families, by the public.

But it is believed that these general suggestions are sufficient to call attention to a subject which, every intelligent and reflecting mind must admit, merits legislative consideration and action. But hasty and crude legislation upon this important matter will not only fail to benefit, but it will entail needless public expense and disgust the people, and so postpone, if not wholly prevent, the passage of wise sanitary laws.

What is most needed at present, as a preliminary step in the right direction, is a law providing for procuring and preserving vital statistics, to the end that we may know the actual facts, and so be able to apply the proper remedies to correct existing evils. Fortunately our political organization is such that, with a comparatively small amount of labor and at a trifling expense, the necessary statistics on which to base a law for the preservation of health and the prolongation of life can be procured. Already the clerks of our circuit courts are required by law to keep records of all marriages. A registry of births and deaths can readily be kept by the county audi-

tors, through the instrumentality of the township trustees. A law should be passed by the next legislature requiring all physicians and midwives to report to the proper township trustees, all births at which they assist, giving the sex of the children, the date of birth, and the names of parents, so far as known. Physicians should also be required to report in like manner all deaths, giving the sex, name, age, nativity, and cause of death, so far as known, of such persons. These reports should all be made upon uniform blanks kept by the township trustees for the purpose, and should be transmitted quarterly to the auditor of the county. It should be made the duty of the county auditor to make a brief record of these reports of births and deaths; and during the first ten days of January in each year, transmit to the auditor of state a condensed abstract of such record, showing the number of births, the number of deaths, and the sex of persons dying under one year of age, the number between one and five years, the number between five and ten years, and the number in each period of ten years, and the number of deaths from each of the reported diseases. It should be the duty of clerks of the circuit courts, in like manner, to certify annually to the auditor of state, the number of marriages solemnized in their counties, as shown by their marriage record. The auditor of state should be required by law to lay before the General Assembly, at the beginning of each session, a report of the vital statistics of the state, as shown by the reports on file at his office, for their information and upon which to base intelligent action.

After such a law, as above suggested, shall have been in operation for such a reasonable time as to furnish reliable data, the way will be clear for the passage of comprehensive and wise laws upon the subject of protecting health and prolonging life, and thus securing in the highest possible degree the welfare and happiness of the people. It may be added that such a law might be of great incidental value in the future in determining questions of heirship, and the rights of property by descent.

An Act providing for procuring and preserving Vital Statistics, and providing penalties for violations thereof.

SEC. 1. Be it enacted by the General Assembly of the State of Indiana, that there is hereby created in the office of auditor of state a

department to be called the Department of Vital Statistics.

SEC. 2. It shall be the duty of the clerks of the several circuit courts of this state, to transmit to the auditor of state, during the first five days of January in each year, a certificate showing the number of marriages solemnized in their respective counties during the year ending on the 31st of December preceding, as the same appears from the marriage certificates in their respective offices. They shall also certify, in like manner, the number of divorces granted by the courts of their respective counties during the same time. Said clerks shall also, within the first five days of January in each year, report to the auditor of his county the names, ages, nativity and cause of death, of all persons upon whom coroner's inquests have been held the preceding year ending as aforesaid.

SEC. 3. It shall be the duty of every physician, midwife, or other person (when no physician or midwife is present), assisting at the birth of any child, to report in writing the fact of such birth, and the sex thereof, together with the names of the parents if known, within fifteen days after such birth, to the trustee of the township where such birth takes place; and if more than one child is born at the same birth, the number and sex of each shall be stated in such report.

SEC. 4. It shall be the duty of every physician attending any person in his or her last sickness, within fifteen days after the death of such person, to ascertain as nearly as possible, and make a written report to the trustee of the township where the death occurs, of the name, sex,

age, nativity, and cause of the death of such deceased person.

SEC. 5. When two or more physicians or midwives shall have assisted at any birth, or two or more physicians shall have attended any person in his or her last sickness, the duty of making such reports, as are required in the preceding sections, shall devolve on the senior physician or midwife, as the case may be. If any township trustee shall have credible information of any birth or death within his township, which shall not have been reported to him as required by this act, he shall, upon such information, make a statement thereof himself and report it as hereinafter provided.

SEC. 6. It shall be the duty of all township trustees to return to the auditor of their respective counties, within five days after the first days of January, April, July and October in each year, the reports made to them of births and deaths as hereinbefore provided, during the three months next preceding the first days of these months.

Sec. 7. Every county auditor shall keep a public record, ruled in proper columns, in which he shall enter in alphabetical order the births reported, with the dates thereof, and names of the fathers, sex of the children, and township of their birth.

SEC. 8. Every county auditor shall keep a like public record, ruled in proper columns, in which he shall enter in alphabetical order the names of all persons reported as aforesaid as having died, with the sex, age, nativity, and cause of death of each.

SEC. 9. Every county auditor shall annually, during the first ten days of January, make out, certify, and transmit to the auditor of state, an abstract from said records of births and deaths, in the office of such county auditor; in which abstract shall be shown the number of births, sex of children born, and the number of deaths reported during the year ending on the thirty-first of the preceding December. Such abstract shall contain a statement of the number dying under the age of one year, the number aged more than one and less than five years, the number aged from five to ten years, the number aged from ten to twenty years, and so on by decades up to one hundred years, and the number over one hundred years. Such abstract shall also state the number of deaths from each disease, or from casualty, or otherwise, as the same shall appear from the records in said county auditor's office.

SEC. 10. It shall be the duty of the auditor of state, before the first day of February in each year that the legislature shall be in session, to make a report to that body, showing in a condensed form all the facts that shall have been reported to him in reference to the marriages, divorces, births and deaths within the state, for the two years ending on the preceding thirty-first day of December.

Sec. 11. It shall be the duty of the auditor of state, immediately after the passage of this act, to prepare concise forms of blanks, suitable for the reports of births and deaths required to be made to township trustees, also the forms of records required to be kept by the county auditors, and to transmit such forms to the several county auditors without delay.

SEC. 12. It shall be the duty of the board of commissioners of the several counties in this state, to provide, for the use of their respective auditors, the necessary records; and for the several township trustees in their county the necessary blanks, as prepared by the auditor of state, to enable them to comply with the requirements of this act.

SEC. 13. Any practicing physician or professional midwife, who shall fail or refuse to make any reports to the proper township trustees, as required by this act, shall be deemed guilty of a misdemeanor, and upon conviction shall be fined in any sum not exceeding twenty-five dollars.

SEC. 14. Any township trustee, clerk or county auditor, who shall fail to make any report or abstract required of him by this act, shall be deemed guilty of a misdemeanor, and upon conviction shall be fined in any sum not less than ten nor more than one hundred dollars.

Sec. 15. The provisions of this act, in relation to making reports of marriages, divorces, births and deaths, shall take effect and be in full force on the first day of July, 1879.

THE SPRINGFIELD MEETING OF THE TRI-STATE MEDICAL Society.—The annual meeting of this society was held at Springfield, Ill., on the 13th, 14th and 15th of last month. While the attendance, more especially of Illinois doctors, was not as large as anticipated, vet the sessions were very interesting. Many valuable papers were read—two of which we take great pleasure in presenting our readers - and animated. instructive discussions had. Popular addresses were delivered on two of the evenings—the first evening by Professor Allen of Chicago and Dr. Singleton of Paducah, the second by Professor Gregory of St. Louis, while the third evening was occupied by a well arranged, very pleasant exhibition of many microscopes and microscopic objects of interest.. Professor Ireland, of Louisville, was elected President for the ensuing year, and the next meeting will be held at Evansville the first Tuesday of November, 1879.

EULOGY UPON THE LATE DR. J. L. COOK.—Dr. J. W. Singleton, of Paducah, delivered at Hopkinsville, Ky., October 30th, an eloquent eulogy upon the late Dr. J. L. Cook, who died at Hickman, Ky., on the first of October. Dr. Cook was another of those brave men of the profession who have fallen victims to yellow fever in their efforts to save others. He had contributed several articles of great merit to the *American Practitioner*, and was held in high esteem both by the public and the profession. Dr. Singleton has uttered no word too laudatory of this heroic martyr.

THE AMERICAN PRACTITIONER FOR 1879.—Publishers' Notice. It is the desire of the editors to add sixteen pages to each issue of the journal. Such addition can be readily made, and will be, if subscribers, especially those that are delinquent, promptly remit their subscriptions. With the well-established reputation of the American Practitioner, and with the extraordinary attractions offered for the ensuing year, the publishers have a right to expect a large increase in the subscription list of the journal, and they feel confident that its hundreds of friends will see such increase is made certain.

## UNIVERSITY OF LOUISVILLE.



## MEDICAL DEPARTMENT,

Corner of Eighth and Chestnut Streets.

# FORTY-SECOND ANNUAL SESSION.

### FACULTY.

J.'M. BODINE, M. DProf. of Anatomy and the Operative Surgery of the Eye.
L. P. YANDELL, JR., M. DProfessor of Therapeutics and Clinical Medicine.
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T. S. BELL, M. DProf. Science and Prac. of Med. and Public Hygiene.
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PARIS, 1867.





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VIENNA, 1873.



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Oleo-Resin of Cubebs; Balsam of Peru; Oil of Eucalyptus; Cod Liver Oil; Rhubarb;

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The superiority of these Globules over other forms consists in the ease with which they are taken, and in their ready solubility and hence promptness of action.

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1877-78.

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Pocket-cases furnished with 20 varieties, for the use of country practitioners.

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Parv. Ammonii Chloridi	66	1-10	44
Parv. Antimonii et Potass. Tart	46	1-100	
Parv. Arnicæ Flor:	66	1-5	66
Parv. Arsenici Iodidi	66	1-100	66
Parv. Belladonnæ Fol:	.66	1-20	6.6
Parv. Calomel:	66	1-20	. 44
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Reduction in Price of McKesson & Robbins' Quinine Pills. Send for List.

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COATING.—The coating of McKesson & Robbins' Pills is applied by a special process, and differs from all others in the fact that it is continuous, sir-tight, and not porous, which are very important considerations in many delicate preparations, as phosphorus, phosphorus and iron, and other compounds. By this coating, the mass is perfectly protected from exposure to

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Yours respectfully,

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McKESSON & ROBBINS, Wholesale Druggists and Manufacturing Chemists, 91 FULTON STREET, NEW YORK.

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The value of pure powdered Willow Charcoal in Dyspepsia, Indigestion and all affections arising from derangements of the stomach, such as Headache, Heartburn, &c., is well known. Its value must necessarily be much increased, since it is, for the first time, presented in a convenient, reliable and unobjectionable form, in our Gelatine-Coated Pills.

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affections, also as a Tonic, Astringent, and Anti-Periodic, and is best shibited in our Gelatine-Coated Pills. In Acute Rheumatism, Salicin has been found very efficacious, and according to "The Lancet," not less certain, than Quinine is for the Ague. In large doses, it has been claimed to be an absolute specific in Corneitis (suppurative). Price, reduced.

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Is now being considerably used in treatment of Spermatorrhea; strongly recommended in cases of Cerebral-Anæmia; used successfully in Infantile Convulsions from teething; Hysteria; Headache from over study or nervousness, and Nymphomania. (Dose, 3 to 4 grs.)

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Used as a remedy in the sick stomach of pregnant women, and in the vomiting of pregnancy, as well as in Phthisis, Hysteria, Pyrosis and Atonic Dyspepsia. (Dose, 1 to 3.)

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The pure transparent Gelatine we use is in no degree porous, it preserves the Phosphorus perfectly in the free state; while sugar, owing to its crystaline nature, is very porous, and will admit of rapid change in substances, of a delicate character, covered with it. We have the Phosphorus in state of solution in the excipient we employ, this insures a gradual elimination of the Phosphorus in the stomach, thus avoiding the severe irritation that is so often experienced after taking the ordinary Phosphorus Pills, which are prepared by mixing the Phosphorus in substance with the excipient, in which small fragments of Phosphorus often remain. Note remarks by Dr. Squibb, in his paper before Am. Pharm. Ass'n, Sept., '76, in which he states that Phosphorus should never be administered in substance, and if a coating be used, he commends Gelatine.

Many of the most eminent physicians throughout the country, among whom are leading specialists in the treatment of Neurotic diseases, assert that McKesson & Robbins' Phosphorus Pills are the most rational medium yet found for exhibiting Phosphorus.

PHOSPHORUS COMPOUND, McKesson & Robbins' Pills, \$50, \$50 & 150 gr. PHOSPHORUS COMPOUND AND IRON, McKesson & Robbins' Pills.

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ERCOTIN PILLS, ..... 3 grs

We manufacture our Ergotin with great care from the best quality of fresh, selected Brgot, and it contains, in the most potent form, all the active constituents of Ergot of Rye, each grain representing 10 grains of Ergot, and each pill being equal to half a teaspoonful of officinal fluid extract. The value of Ergotin, in the place of the crude drug and the fluid preparations, is conceded; and it is being largely administered both in this country and in Europe. It has taken a prominent place in the treatment of Neurotic diseases. Many of our most reliable practitioners, and particularly those of extended experience in Gynsecology, assert that they have never found a preparation of Ergot, in which, by experience, they felt as much confidence as in McKesson & Robbins' Ergotin Pills. The advantages of prescribing it in this form will be readily acknowledged. (Dose, I to 3.)

We offer our Ergotin, prepared specially for hypodermic use, in one-ounce bottles.

COCA EXTRACT,.....1 gr.

McKesson & Robbins' Solid Extract, made from freshly imported leaves, is used in these pills. As the leaves become almost inert with age, a preparation of this nature is necessary to enable the physician to judge correctly of the value of this remedy. Coca Erythroxylon is a South American plant, used by the natives as a substitute for tea, coffee, toocoo, hashish and opium of other countries. It imparts vigor to the muscles as well as to the intellect, and enables the partaker to endure great fatigue with ease. The feeling of exhilaration, accompanying its use, is said not to be followed by any depressing effects.

The Phosphide of Zinc has been very successfully used by Drs. Hammond (see Dr. H.'s last book), Routh, and other prominent authorities on treatment of brain diseases, all of whom assert its efficacy. It has been used with remarkable results in severe cases of Neuralgia (see paper by Dr. Adolphus, St. L. Med. Jour., XIII. 471). P. Vigier, Bull. Gen. de Therap., states that Phosphide of Zinc is more prompt and reliable in its action than free Phosphorus.

superior to the oil alone, and are more convenient of administration. The Extract is manufactured from the wood, in our laboratory.

SOLIDIFIED COPAIBA, WITH OLEO-RESIN CUBEB

We prepare both these ingredients in our own laboratory, with great care, and can assert their superior quality. The value of the Oleo-Resin Cubeb often offered in market is very slight, due to the fact that the largest proportion is powdered Cubeb Berries.

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Having received many inquiries for our Gelatine-Coated Pills and Granules put up in a form convenient for practitioners, and, not finding any of the ready-made pocket cases in market desirable, we have devised a number of forms and sizes of our own. The number and variety of the formulas of our Pills, together with their ready solubility have, to a great extent, obviated the necessity of carrying the bulky medicine chest, with its solution and powders. Circular, with cuts and prices, mailed upon application.

## MCKESSON & ROBBINS' GRANULES.

ACONITIA,	1-60 gr.
ARSENIOUS ACID,	
ATROPIA,	
BELLADONNA EXTRACT,	1-4 gr.
CALCIUM, SULPHIDE,	
CODEIA,	
CORROSIVE SUBLIMATE,	
DIGITALIA,	
MERCURY, BIN-IODIDE,	1-25, 1-16 gr.
MERCURY, PROTO-IODIDE,	1-5, 1-4, 1-2 gr.
MORPHIA, ACETATE,	1-8, 1-4 gr.
MORPHIA, SULPHATE,	1-16, 1-10, 1-8, 1-6, 1-4 gr.
MORPHIA, VALERIANATE,	1-8 gr.
PODOPHYLLIN,	
QUINIA,	
STRYCHNIA,	1-60, 1-40, 1-30 gr.
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the custom of dropping, or using a teaspoon to measure their portions, although nearly as uncertain, owing to great difference in the sizes of teaspoons, and the fact that drops vary with
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On Venereal Diseases and Diseas	ies (	of t	he	Ski	in,			By PROF. L. P. YANDELL, J.
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On Clinical Diseases of the Chest	an	d P	hy	siol	og	у,		By PROF. E. R. PALMER.
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On Clinical Surgery,								By PROF, D. W. YANDELL.
On Nervous Maladies and Electro								By PROF. J. W. HOLLAND.
On Surgery,		-						By Prof. R. O. Cowling.
On Practice of Medicine,								
On Anatomy and Physiology, .						0		By Dr. H. A. COTTELL,
Chemistry and Materia Medica,								
On Obstetrics,								By Dr. W. H Long.
On Diseases of Children,								
On Diseases of the Eye and Ear,								

Didactic Lectures will be given upon the Specialties of Medicine and Surgery, but the essential feature of this course will be CLINICAL INSTRUCTION and RECITATIONS from the textbooks, it being the design of the Faculty to give the student advantages much superior, as has been demonstrated, to those obtained by ordinary office instruction.

In the illustration of the various courses, the Museum, Library and Apparatus of the University will be used.

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The Spring and Summer Course of the University is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary and does not count as a session, but students who attend it are furnished with certificates, which will be taken as additional evidence of proficiency in candidates applying for the Medical Degree of the University.

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THE scarcity and high prices of Cinchona barks and Sulphate of Quinia, and the prospect of only a slight reduction in these prices, makes the present a favorable opportunity of calling the attention of the profession to the combination of all the bark alkaloids.

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THEOPHILUS PARVIN, M. D., LL. D.

Professor of Obstetrics and Medical and Surgical Diseases of Women.

GRAHAM N. FITCH, M. D.

Professor of the Principles and Practice of Surgery.

JOHN A. COMINGORE, M. D.

Professor of John S. Bobbs's Chair of Surgery.

R. N. TODD, M. D.

Professor of Theory and Practice of Medicine and Clinical Medicine.

THOMAS B. HARVEY, M. D.

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ISAAC C. WALKER, M. D. Professor of Diseases of the Mind and Nervous System.

WILLIAM B. FLETCHER, M. D. Professor of Physiology, Hygiene and Clinical Medicine.

HENRY JAMESON, M. D. Professor of Chemistry, Toxicology and Diseases of Children.

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The Collegiate Year in this Australian Session.

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The Preliminary Autumnal Term for 1878-1879 will open on Wednesday, September 18,

The Preliminary Autumnal Term for the Regular Session. During this term, instruc-The Preliminary Autumnal Term for 1878-1879 will open on Wednesday, September 18, 1878, and continue until the opening of the Regular Seasion. During this term, instruction, consisting of didactic lectures upon special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Seasion are strongly recommended to attend the Preliminary Term, but attendanced during the latter is not required. During the Preliminary Term, clinical and didactic lectures will be given in precibely the same number and order as in the Regular Session.

The Regular Session will commence on Wednesday, October 2, 1878, and end about the first of March 1879.

the first of March, 1879.

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W. H. VAN BUREN, M. D. Professor of Principles and Practice of Surgery, Dis-cases of Gentto-Urinary System, and Clinical Surgery.

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ERSKINE MASON, M. D., Binical Professor of Surgery.

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J. LEWIS SMITH, M. D., Clinical Professor of Diseases of Children.

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Fees for Tickets to all the Lectures during the Preliminary and Regular Term,	
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#### Fees for the Spring Session.

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Contributions on Lithotomy. By David Prince, M. D., of Jacksonville, Ill.
Contributions on Genito-Urethral and Bectal Surgery. By W. Hutson Ford, M. D., of

Contributions on the Present State of Pathology of Phthisis Pulmonalis. A Series of Papers by J. Hildard Tyndale, M. D., of New York City.
Contributions on Genesis. A Series of Papers. By the Associate Editor.
Contributions on Urinary and Renal Diseases. By John Beyson, M. D., of St. Louis.
Contributions on Medical Experts as Witnesses. By Fred. T. Ledergerber, Esq., of

St. Louis Contributions on Nasal, Pharyngeal, Aural, Laryngeal and Bronchial Diseases. By the

From the above it will be seen that it is not the intention of the editors to confine THE JOURNAL to subjects relating to Medicine and Surgery alone; subjects collateral to these will receive attention, and such are invited from the profession. The departments of science are so closely connected as to make it almost impossible for a Physician or Surgeon to be proficient as such, without considerable knowledge of kindred branches.

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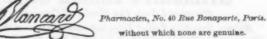
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Parv.	Aluminis	66	1-10	44
Parv.	Ammonii Chloridi	66	1-10	66
Parv.	Antimonii et Potass. Tart	46	1-100	44
Parv.	Arnice Flor:	44	1-5	44
Parv.	Arsenici Iodidi	66	1-100	44
Parv.	Belladonnæ Fol:	44	1-20	86
Parv.	Calomel:	66	1-20	66
Parv.	Camphora	64	1-20	44
Parv.	Cantharidis	66	1-50	44
Parv.	Capsici	66	1-20	66
Parv.	Digitalis Fol:	66	1-20	60
Parv.	Ergotinæ	44	1-10	44
Parv.	Ferri Redacti	44	1-10	66
Parv.	Gelsemini Rad:	66	1-50	66
Parv.	Hydrarg. cum Creta	4	1-10	44
Parv.	Hydrastin	46	1-20	44
Parv.	Iodoformi	66	1-10	66
Parv.	Ipecac:	- 66	1-50	46
Parv.	Morphiæ Sulph:	. 66	1-50	66
Parv.	Nucis Vomice	44	1-50	66
Parv.	Opii	44 .	1-40	44
Parv.	Piperinæ	66	1-20	66
Parv.	Podophyllini	44	1-40	**
Parv.	Potassii Bromidi	66	1-5	66
Parv.	Potassii Arsenitis	66	1-100	- 64
Parv.	Potassii Nitratis	44	1-10	66
Parv.	Quiniæ Sulphatis	66	1-10	- 44
	Santonini	66	1-10	

Sent safely by mail to any address on receipt of price. Discount for quantities.

PREPARED ONLY BY

## WILLIAM R. WARNER & CO.,

Manufacturers of Sugar-Coated Pills and Granules,

# McKESSON & ROBBINS'

We take occasion to thank the profession and trade, for their patronage of our Gelatine-Coated Pills, and request a continuance of the same. Full lines of our Pills have been established in all the large centres of trade, and in many of the smaller cities. To those living in remote places we will be happy to mail any formulas on our list, not procurable nearer home, at an expense of about 2 cents per 100.

We regret to announce that our attention has been called to several instances where other pills have been substituted by druggists when ours were desired, and even specified, by the physician. We believe that such instances are rare, but in some cases physicians have notified

us of such breach of honor in the druggist.

SPECIFY McKESSON & ROBBINS'.

Reduction in Price of McKesson & Robbins' Oninine Pills. Send for List.

RELIABILITY. -We have expended much attention and money in perfecting our machinery, to insure exactness and uniformity of the masses and pills, and have engaged superior analytical ability, to guarantee quality of ingredients. Every drug and chemical used in manufacture is carefully tested. Take, for example, our Quinine Pills. Livery lot of sulphate of quinine, whether manufactured by ourselves of purchased in foreign or home markets, is accurately analyzed, and every deficiency in percentage is made up by adding quinine to our mass, and reducing the excipient in the same proportion, thus insuring the full amount of pure sulphate of quinine in each pill, as represented on label. As secrecy is generally observed in the manufacture of sulphate of quinine, it may not be generally known, that, incidental to a portion of the process, it is almost impossible to prevent more or less of the other alkaloids remaining in the salt in the form of sulphates; although our best brands contain a very small percentage and nearly all are free from cinchonia, which is easily separated; hence the necessity of making Quinine Pills only after an accurate analysis of the quinine used, and proper adjustment of the mass. To prove correctness in the synthesis, the first of every month, all sizes of our Quinine Pills are analyzed. The same care is observed with the scammony, aloes, etc., which we use in our Cathartic Pills.

COATING.—The coating of McKesson & Robbins' Pills is applied by a special process, and differs from all others in the fact that it is continuous, air-tight, and not porous, which are very important considerations in many delicate preparations, as phosphorus, phosphorus and iron, and other compounds. By this coating, the mass is perfectly protected from exposure to the air, which is not the case with sugar-coated, compressed, or so-called soluble pills.

OLUBILITY .- The solubility of our coating and pills, may be readily and practically attested, by the administration of a dose of some formulas which are positive in their action, as cathartic, quinine, etc. The Gelatine we use (the same as is employed in making jelly for the sick) is quickly soluble in the stomach, at the same time it protects the mass from the air before being administered, and prevents the taste of the ingredients from being communicated to the mouth of the patient, before swallowing.

SHAPE. - It must be granted that the capsule or spheroidal shape is the form best adapted to the throat, and that the gelatine completely covers the taste, and renders the pill capable of being easily swallowed by the patient and accepted by the stomach, without nausea important desiderata to the patient

PERMANENCE.—The question whether McKesson & Robbins' Gelatine-Coated Quinine Pills will remain unaffected in warm, damp climates, seems to be satisfactorily answered in the following abstract of a letter from Aspinwall

"COMMISSARY DEPARTMENT "Messrs. McKesson & Robbins PANAMA RAILROAD, ASPINWALL, U. S. C. "Gentlemen.—Almost everything perishes rapidly in this terrible climate, but your Gelatine-Coated Pilis in bottles keep remarkably well. The dampness does not appear to have the least effect upon them, as long as they are kept in bottles.

"They are very popular here with those who dislike the intense bitterness of Quinine.

Yours respectfully, "THOS. M. CASH, Commissary."

PRICE LISTS AND SAMPLES FURNISHED UPON APPLICATION. PRIVATE FORMULAS OF 3,000 OR MORE PILLS, MADE AND COATED TO ORDER.

COLOR OF QUININE PILLS.—In reply to inquiries in regard to CHANGE IN COLOR of our QUININE PILLS, we beg to state that the change is due to our using Pure White Sulphate of Quinine as formerly, (the custom having been to emply 111 ounces of Unbleached Quinine, in place of 100 ounces of White Quinine.) This change to White has been made to avoid misrepresentation. The mass of our Pills has also been greatly improved, in appearance and solubility, by the use of our new excipient.

Very respectfully,

McKESSON & ROBBINS, Wholesale Druggists and Manufacturing Chemists, 91 FULTON STREET, NEW YORK.

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# McKESSON & ROBBINS'

### PILLS AND GRANULES,

OF THE

U. S. PHARMACOPIA & OTHER RELIABLE FORMULE,

#### CELATINE-COATED,

Process and Machinery Patented, 91 & 93 Fulton, 80, 82 & 84 Ann Sts., N. Y.



### NEW THERAPEUTICAL NOTES.

Salicin is becoming more and more favorably known in the treatment of Rheumatic affections, also as a Tonic, Astringent, and Anti-Periodic, and is best exhibited in our Gelatine-Coated Pills. In Acute Rheumatism, Salicin has been found very efficacious, and

Is now being considerably used in treatment of Spermatorrhoza; strongly recommended in cases of Cerebral-Anæmia; used successfully in Infantile Convulsions from teething; Hysteria; Headache from over study or nervousness, and Nymphomania. (Dose, 3 to 4 grs.)

Strongly recommended "in cases of Scrofulous and other unhealthy sores, Glandular Enlargement, Boils occuring in crops, &c." In many skin diseases, it is strongly indicated, being not only Anti-parasitic and Anti-herpetic, but also stimulant and tonic.

An eminent physician, who has given much attention to the use of Sulphide of Calcium and cites several very interesting cases of cures of Abscesses, through its medium. In his words: "The Sulphide of Calcium is indicated in Scrofulous and unhealthy sores and Glandular Enlargements, in Boils appearing in crops, and in carbuncles—in any diathesis with a tendency to Abscesses with suppuration."

Used as a remedy in the sick stomach of pregnant women, and in the vomiting of pregnancy, as well as in Phthisis, Hysteria, Pyrosis and Atonic Dyspepsia. (Dose, 1 to 3.)

The pure transparent Gelatine we use is in no degree porous, it preserves the Phosphorus perfectly in the free state; while sugar, owing to its crystaline nature, is very porous, and will admit of rapid change in substances, of a delicate character, covered with it. We have the Phosphorus in state of solution in the excipient we employ, this insures a gradual elimination of the Phosphorus in the stomach, thus avoiding the severe irritation that is so often experienced after taking the ordinary Phosphorus Pills, which are prepared by mixing the Phosphorus in substance with the excipient, in which small fragments of Phosphorus often remain. Note remarks by Dr. Squibb, in his paper before Am. Pharm. Ass'n, Sept., '76, in which he states that Phosphorus should never be administered in substance, and if a coating be used, he commends Gelatine.

Many of the most eminent physicians throughout the country, among whom are leading specialists in the treatment of Neurotic diseases, assert that McKesson & Robbins' Phosphorus Pills are the most rational medium yet found for exhibiting Phosphorus.

PHOSPHORUS COMPOUND, McKesson & Robbins' Pills, & & & tog gr.

PHOSPHORUS COMPOUND AND IRON, McKesson & Robbins' Pills.

# THERAPEUTICAL NOTES ON SOME SPECIALTIES IN McKESSON & ROBBINS' G. C. PILLS.

# We manufacture our Ergotin with great care from the best quality of fresh, selected Ergot, and it contains, in the most potent form, all the active constituents of Ergot of Rye, each grain representing 10 grains of Ergot, and each pill being equal to half a teaspoonful of officinal fluid extract. The value of Ergotin, in the place of the crude drug and the fluid preparations, is conceded; and it is being largely administered both in this country and in Europe. It has taken a prominent place in the treatment of Neurotic diseases.

each grain representing 10 grains of Ergot, and each pill being equal to half a teaspoonful of officinal fluid extract. The value of Ergotin, in the place of the crude drug and the fluid preparations, is conceded; and it is being largely administered both in this country and in Europe. It has taken a prominent place in the treatment of Neurotic diseases. Many of our most reliable practitioners, and particularly those of extended experience in Gynecology, assert that they have never found a preparation of Ergot, in which, by experience, they felt as much confidence as in McKesson & Robbins' Ergotin Fills. The advantages of prescribing it in this form will be readily acknowledged. (Dose, 1 to 3.)

We offer our Ergotin, prepared specially for hypodermic use, in one-ounce bottles.

#### 

McKesson & Robbins' Solid Extract, made from freshly imported leaves, is used in these pills. As the leaves become almost inert with age, a preparation of this nature is necessary to enable the physician to judge correctly of the value of this remedy. Coca Erythroxylon is a South American plant, used by the natives as a substitute for tea, coffee, tobacco, hashish and opium of other countries. It imparts vigor to the muscles as well as to the intellect, and enables the partaker to endure great fatigue with ease. The feeling of exhilaration, accompanying its use, is said not to be followed by any depressing effects.

#### JABORANDI EXTRACT, ...... 3 gra.

Made of McKesson & Robbins' Solid Extract. These pills present a much better and more acceptable form of administering this powerful Diaphoretic and Sialagogue, than any of the liquid preparations. Valuable in Rheumatism and all Syphilitic troubles of long standing. (Dose, 1 to 3.)

#### 

The Phosphide of Zinc has been very successfully used by Drs. Hammond (see Dr. H.'s last book), Routh, and other prominent authorities on treatment of brain diseases, all of whom assert its efficacy. It has been used with remarkable results in severe cases of Neuralgia (see paper by Dr. Adolphus, St. L. Med. Jour., XIII. 471). P. Vigier, Bull. Gen. de Therap., states that Phosphide of Zinc is more prompt and reliable in its action than free Phosphorus,

#### SANDAL WOOD EXTRACT, ...... 1 and 2 grs.

These pills contain both the oil and resin existing in Sandal Wood, are believed to be superior to the oil alone, and are more convenient of administration. The Extract is manufactured from the wood, in our laboratory.

#### SOLIDIFIED COPAIBA, WITH OLEO-RESIN CUBEB

We prepare both these ingredients in our own laboratory, with great care, and can assert their superior quality. The value of the Oleo-Resin Cubeb often offered in market is very slight, due to the fact that the largest proportion is powdered Cubeb Berries.

#### 

This salt of Quinins has been very much used in some of our extreme malarial districts during the past two years. Those, who have tested it very carefully, claim that it possesses a most positive specific action in the treatment of Fever and Ague, and has proved itself eminently superior to the Sulphate of Quinine in all malarial fevers.

### PHYSICIANS' POCKET CASES FOR PILLS.

Having received many inquiries for our Gelatine-Coated Pills and Granules put up in a form convenient for practitioners, and, not finding any of the ready-made pocket cases in market desirable, we have devised a number of forms and sizes of our own. The number and variety of the formulas of our Pills, together with their ready solubility have, to a great extent, obviated the necessity of carrying the bulky medicine chest, with its solution and powders.

Circular, with cuts and prices, mailed upon application.

### MCKESSON & ROBBINS' GRANULES.

ACCHITIA	
ACONITIA,	1-60 gr.
ARSENIOUS ACID,	1-50, 1-40, 1-30, 1-20 gr.
ATROPIA,	1-60 gr.
BELLADONNA EXTRACT,	1-4 gr.
CALCIUM, SULPHIDE,	1-10 gr.
CODEIA,	1-16, 1-5 gr.
CORROSIVE SUBLIMATE,	1-40, 1-30, 1-20 gr.
DICITALIA,	1-60 gr.
MERCURY, BIN-IODIDE,	
MERCURY, PROTO-IODIDE,	
MORPHIA, ACETATE,	
MORPHIA, SULPHATE,	
MORPHIA, VALERIANATE	
PODOPHYLLIN,	
QUINIA,	
STRYCHNIA,	
SULPHUR, IODIDE,	
TARTAR EMETIC,	
ZINC, PHOSPHIDE,	

Physicians have experienced the need of a reliable and more pleasant form for administering these more potent remedies. The want of reliability, as exhibited in the Granules of the market by the varying action following their administration, has caused them to be avoided—and very justly—by most practitioners, who have preferred rather to use solutions, and trust to the custom of dropping, or using a teaspoon to measure their portions, although nearly as uncertain, owing to great difference in the sizes of teaspoons, and the fact that drops vary with the conditions and form of surface, from which they flow.

In our preparations, we have taken special precautions by enfercing our system of checking the weights, and, at large expense, have had our machines for division of the substances so carefully and correctly constructed, as to insure an exactness never before maintained in this class of preparations. We can, therefore, afford assurance to physicians of correct weight and perfect division. Our Granules have been appreciated and are being extensively used by

the profession. Be careful and see that "McKesson & Robbins" is on the label.

A physician in St. Louis, who has for some time been using our Pills, prescribed "Celatine-Coated Phosphorus Pills, & gr." intending to have the McKesson & Robbins Pills dispensed, but did not perceive the usual effects after administering them to the patient. Upon investigation, he found the Pills resembled ours somewhat in external appearance, but on cutting one open, he found it contained hardly a trace of Phosphorus. The doctor went to the druggist, who had dispensed the prescription, and found that, not having our Phosphorus Pills in stock, he had dispensed an imitation; the druggist claimed that he was warranted in so doing, as the physician had not taken the precaution to put the name McKesson & Robbins upon his prescription, although the physician had been in the habit of specifying our pills, and the druggist knew it. We have had our attention called to several cases of this character, regarding the Quinine Pills, Morphia Granules and others, when, on failing to obtain results, the physicians have found that they were being imposed upon by imitations; this has induced them to write "McKesson & Robbins' C. C. Pills" in full upon their prescriptions and add, send no others." We have full lines of our Pills in all of the large, and in most of the small cities, and there is no excuse for substituting imitations.

Price Lists furnished upon application. See list of formulas, last page.

Private Formulas, of 3,000 or more Pills, Made and Coated to Order.

McKESSON & ROBBINS, 91 Fulton Street, New York.

### UNIVERSITY OF LOUISVILLE

#### MEDICAL DEPARTMENT.

#### SPRING AND SUMMER SESSION OF 1878.

The Spring and Summer Session of 1878 in the Medical Department of the University of Louisville will commence on March 5th and continue till June 1st, with the following

#### CORPS OF INSTRUCTORS:

On Venereal Diseases and Diseases	5 01	tl	ie i	Ski	in,			By Prof. L. P. YANDELL, JR.
On Diseases of the Eye and Ear,								
On Clinical Diseases of the Chest a	ind	P	lys	iol	og	y,		BY PROF. E. R. PALMER.
On Public Hygiene,				0		0		By PROF. T. S. BELL.
On Clinical Diseases of Women, .			*	*				By Prof. John E. Crowe.
On Clinical Surgery,							0	By PROF. D. W. YANDELL.
On Nervous Maladies and Electroth								By Prof. J. W. Holland.
On Surgery,						0		By Prof. R. O. Cowling.
On Practice of Medicine,						۰		By Dr. W. O. ROBERTS.
On Anatomy and Physiology,							0	By Dr. H. A. COTTELL,
Chemistry and Materia Medica, .	0					0		WORK IN LABORATORY.
On Obstetrics,								By Dr. W. H. Long.
On Diseases of Children,								
On Diseases of the Eye and Ear,								By Dr. W. CHEATHAM.

Didactic Lectures will be given upon the Specialties of Medicine and Surgery, but the essential feature of this course will be CLINICAL INSTRUCTION and RECITATIONS from the textbooks, it being the design of the Faculty to give the student advantages much superior, as has been demonstrated, to those obtained by ordinary office instruction.

In the illustration of the various courses, the Museum, Library and Apparatus of the University will be used.

Examinations and Clinical Instruction.—Daily examinations on all the branches of Medicine will be held by the various members of the Faculty.

The University Dispensary, situated upon the college grounds, supported by the Faculty and under its exclusive control, is the only institution of the kind in the city of Louisville which has existed for any number of years. It has obtained the confidence of the sick poor of this city, and its rooms, especially during the milder months, are daily crowded with patients illustrating all varieties of disease.

The Faculty have also access to the Louisville City Hospital, an institution which contains more than two hundred beds, and the Hospital of SS. Mary an i Elizabeth. From these sources an inex-baustille supply of Clinical material is obtained.

Prof. D. W. Yandell holds his regular Surgical Clinic twice a week; Prof. John E. Crowe twice a week; upon the Diseases of Women; Prof. L. P. Yandell, Jr., twice a week, upon Clinical Medicine; Prof. Bothne twice a week, upon Diseases of the Eye and Ear; Prof. Palmer twice a week, upon Diseases of the Heart and Lungs; Prof. Cowling twice a week, upon Surgery; all at the University.

Advanced Students will be given obstetrical cases and cases in out-door practice to attend.

The Spring and Summer Course of the University is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary and does not count as a session, but students who attend it are furnished with certificates, which will be taken as additional evidence of proficiency in candidates applying for the Medical Degree of the University.

It will be seen that the entire Faculty of the medical Department of the University, together with a valuable corps of assistants, are engaged in the Spring Course, and they pledge their best labors to insure its success.

The Fee for the full Course is \$25.00, and entities the holder to his Matriculation Ticket for the ensuing Regular Winter Session.

For further information address

W. O. ROBERTS, M. D.,

Dean of University Summer School,

263 W. Walnut St., LOUISVILLE.

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#### TO PHYSICIANS.

THE scarcity and high prices of Cinchona barks and Sulphate of Quinia, and the prospect of only a slight reduction in these prices, makes the present a favorable opportunity of calling the attention of the profession to the combination of all the bark alkaloids.

Much attention has been given to this subject in Europe and India.

The growing appreciation by the medical profession of the United States of

#### CINCHO-OUININE

is due to the fact that it retains the important alkaloids IN COMBINATION, — a combination which in practice is preferable to perfect isolation or separation of these alkaloids.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages, which greatly increase its value to physicians : -

1st, It exerts the full therapeutic influence of Sulphate of Quinine, in the same doses, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does; and it produces much less constitutional disturbance.

ad, It has the great advantage of being nearly tasteless. The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d, It is less costly; the pric will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th, It meets indications not met by that Salt.

#### The following well-known Analytical Chemists say: -

"University of Pennsylvania, Jan. 22, 1875. amination for quinine, quinidine, and cinchonine, "I have tested Cincho-Quinine, and have found and hereby certify that I found these alkaloids in it to contain quinine, quinidine, cinchonine, cincho Cincho-Quinnia.

F. A. GENTH,

Professor of Chemistry and Mineralogy."

Professor of Ch

Professor of Chemistry."

"I have made a careful analysis of the contents of a bottle of your Cincho-Quinne, and find it to contamination of the contents of a bottle of Cincho-dine."

Quinne; and by direction I made a qualitative ex-

#### TESTIMONIALS.

"Wellfleet, Mass., Nov. 17, 1876.
"I have used Cincho-Quinine, and can say without any hesitation it has proved superior to the sulphate of quinine. J. G. JOHNSON, M.D."

"I use the Cincho-Quinine altogether among children, preferring it to the sulphate."

"I use the Cincho-Quinine altogether among children, preferring it to the sulphate."

"I use the CINCHO-QUININE altogether among children, preferring it to the sulphate.

DR. E. R. DOUGLASS."

"RENFROW'S STATION, TENN., July 4, 1876.
"I am well pleased with the Cincho-Quinine, and think it is a better preparation than the sulphate.
W. H. HALBERT."

ever made to our materi

"CENTREVILLE, MICH. "LIVERPOOL, PENN., June 1, 1876.
"I have used Cincho-Quinning, obtaining better results than from the sulphate in those cases in which quinine is indicated.

"I have used several ounces of the Cincho-Quinne, and have not found it to fail in a single instance. I have used no sulphate of quinine in my which quinine is indicated.

"I have used no sulphate of quinine in my stance. I have used no sulphate of quinine in my cardice since I commenced the use of the Cincho-Quinne, as I prefer it. F. C. BATEMAN, M.D."

"North-Eastern Free Medical Dispensary, 908 East Cumberland St., Philadelphia, Penn., Feb. 29, 1876.

HATE.

W. H. HALBERT."

"ST LOUIS, Mo., April, 1875

"I regard it as one of the miost valuable additions were made to our materia medica.

GEORGE C. PITZER, M.D."

"In typhoid and typhus fevers I always prescribe the CINCHO-QUININE in conjunction with other appropriate medicines, the result being as favorable as with former cases where the sulphate had been used.

"F. A. GAMAGE, M.D."

Price-Lists and Descriptive Catalogues furnished upon application.

### BILLINGS, CLAPP & CO., Manufacturing Chemists,

(SUCCESSORS TO JAMES R. NICHOLS & CO.)

BOSTON, MASS.

#### UNIVERSITY OF LOUISVILLE.

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#### MEDICAL DEPARTMENT,

Corner of Eighth and Chestnut Streets.

# FORTY-SECOND ANNUAL SESSION.

#### FACULTY.

J. M. BODINE, M. DProf. of Anatomy and the Operative Surgery of the Eye.
L. P. YANDELL, JR., M. DProfessor of Therapeutics and Clinical Medicine.
E. R. PALMER, M. DProfessor of Physiology and Physical Diagnosis.
T. S. BELL, M. D
JOHN E. CROW'S, M. DProf. of Obstetrics and Diseases of Women and Children.
J. W. HOLLAND, M. D Professor of Materia Medica and Medical Chemistry.
D. W. YANDELL, M. DProf. of the Sci'ce and Art of Surgery and Cli'cal Surgery.
R. O. COWLING, M. DProf. of Surgical Pathology and Operative Surgery.
W. O. ROBERTS, M. D Demonstrator of Anatomy.

#### FEES.

Professors' Tickets, in full\$50	00	Matriculation Fce	5	00
Demonstrators' Ticket 10	00	Graduation Fee	30	00
Hospital Ticket	(requir	red by City), \$5 oo.		

The regular Session will commence on the first Monday in October, and continue until the 1st of March.

A Preliminary Course of Lectures, free to all Students, will commence on the first Monday in September, and continue till the opening of the Regular Term.

J. M. BODINE, M. D., Dean of Faculty.

For the Annual Circular containing full particulars, address

97-1y J. W. HOLLAND, M. D., Sec'y of Faculty,

# MEDICAL COLLEGE OF INDIANA.

The First Annual Session of the Medical College of Indiana will begin October 2, 1878, and terminate February 28, 1879.

#### FACULTY.

GEO. W. MEARS, M. D.

Emeritus Professor of Obstetrics and Dean of the Faculty.

THEOPHILUS PARVIN, M. D., LL, D., Professor of Obstetrics and Medical and Surgical Diseases of Women.

GRAHAM N. FITCH, M. D. Professor of the Principles and Practice of Surgery.

JOHN A. COMINGORE, M. D. Professor of John S. Bobbs's Chair of Surgery.

R. N. TODD, M. D.

Professor of Theory and Practice of Medicine and Clinical Medicine.

THOMAS B. HARVEY, M. D. Professor of Surgical and Clinical Diseases of Women,

ISAAC C. WALKER, M. D.
Professor of Diseases of the Mind and Nervous System.

WILLIAM B. FLETCHER, M. D. Professor of Physiology, Hygiene and Clinical Medicine.

HENRY JAMESON, M. D.
Professor of Chemistry, Toxicology and Diseases of Children.

JOHN CHAMBERS, M. D. Professor of Anatomy and Clinical Medicine.

C. E. WRIGHT, M. D.
Professor of Materia Medica and Therapeutics.

J. L. THOMPSON, M. D. Professor of Diseases of the Eye and Ear.

J. W. MARSEE, M. D. Demonstrator of Anatomy.

#### PHES.

Matriculation Fee		
Laboratory, Ticket		
Professors' Tickets		
Demonstrator's Ticket	5	00
Graduation Fee	25	00

BOARDING can be had, convenient to the College, at from three to five dollars per week. Board and rooms, furnished or unfurnished, can, on application, be secured by the janitor. Apply for Circular or further information to

DR. HENRY JAMESON, No. 35 East Market Street, Indianapolis, Ind.

No. 104

#### BELLEVUE HOSPITAL MEDICAL COLLEGE.

CITY OF NEW YORK.

#### MEMBER OF THE AMERICAN MEDICAL COLLEGE ASSOCIATION.

SESSIONS OF 1878-'79.

The Collegiate Year in this Institution embraces a preliminary Autumnal Term, the

The Collegiate Year in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

The Preliminary Autumnal Term for 1878-1879 will open on Wednesday, September 18, 1878, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures upon special subjects and daily clinical lectures, will be given, as hereofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.

The Regular Session will commence on Wednesday, October 2, 1878, and end about

The Regular Session will commence on Wednesday, October 2, 1878, and end about the first of March, 1879.

#### FACULTY.

ISAAC E. TAYLOR, M. D.,

Emeritus Professor of Obstetrics and Diseases of Women, and President of the Faculty.

JAMES B. WOOD, M. D., LL. D., Emeritus Prof. of Surgery.

W. H. VAN BUREN, M. D.,
Professor of Principles and Practice of Surgery, Diseases of Genito-Urinary System, and
Clinical Surgery.

LEWIS A. SAYRE, M. D.,
Professor of Orthopedic Surgery and Clinical
Surgery.

ALEXANDER B. MOTT, M. D., Professor of Clinical and Operative Surgery.

WILLIAM T. LUSK, M. D., Professor of Obstetrics and Diseases of Women and Children, and Clinical Midwifery,

FORDYCE BARKER, M. D., Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M. D.,

Professor of the Principles and Practice of Medicine and Cilinical Medicine and Cilinical Medicine.

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PHOSPHORUS COMPOUND, McKesson & Robbins' Pills, 20, 20 & 1 gr. PHOSPHORUS COMPOUND AND IRON, McKesson & Robbins' Pills.

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We manufacture our Ergotin with great care from the best quality of fresh, selected Brgot, and it contains, in the most potent form, all the active constituents of Ergot of Rye, each grain representing 10 grains of Ergot, and each pill being equal to half a teaspoonful of officinal fluid extract. The value of Ergotin, in the place of the crude drug and the fluid preparations, is conceded; and it is being largely administered both in this country and in Europe. It has taken a prominent place in the treatment of Neurotic diseases. Many of our most reliable practitioners, and particularly those of extended experience in Gynæcology, assert that they have never found a preparation of Ergot, in which, by experience, they felt as much confidence as in McKesson & Robbins' Ergotin Pills. The advantages of prescribing it in this form will be readily acknowledged. (Dose, 1 to 3.)

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Made of McKesson & Robbins' Solid Extract. These pills present a much better and more acceptable form of administering this powerful Diaphoretic and Sialagogue, than any of the liquid preparations. Valuable in Rheumatism and all Syphilitic troubles of long standing. (Dose, 1 to 3.)

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The Phosphide of Zinc has been very successfully used by Drs. Hammond (see Dr. H.'s last book), Routh, and other prominent authorities on treatment of brain diseases, all of whom assert its efficacy. It has been used with remarkable results in severe cases of Neuralgia (see paper by Dr. Adolphus, St. L. Med. Jour., XIII. 471). P. Vigier, Bull. Gen. de Therap., states that Phosphide of Zinc is more prompt and reliable in its action than free Phosphorus.

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These pills contain both the oil and resin existing in Sandal Wood, are believed to be superior to the oil alone, and are more convenient of administration. The Extract is manufactured from the wood, in our laboratory.

# SOLIDIFIED COPAIBA, WITH OLEO-RESIN CUBEB

We prepare both these ingredients in our own laboratory, with great care, and can assert their superior quality. The value of the Oleo-Resin Cubeb often offered in market is very slight, due to the fact that the largest proportion is powdered Cubeb Berries.

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This salt of Quinine has been very much used in some of our extreme malarial districts during the past two years. Those, who have tested it very carefully, claim that it possesses a most positive specific action in the treatment of Fever and Ague, and has proved itself eminently superior to the Sulphate of Quinine in all malarial fevers.

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Having received many inquiries for our Gelatine-Coated Pills and Granules put up in a form convenient for practitioners, and, not finding any of the ready-made pocket cases in market desirable, we have devised a number of forms and sizes of our own. The number and variety of the formulas of our Pills, together with their ready solubility have, to a great extent, obviated the necessity of carrying the bulky medicine chest, with its solution and powders.

Circular, with cuts and prices, mailed upon application.

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ACONITIA,	1-60 gr.
ARSENIOUS ACID,	
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CORROSIVE SUBLIMATE,	1-40, 1-30, 1-20 gr.
DIGITALIA,	
MERCURY, BIN-IODIDE,	1-25, 1-16 gr.
MERCURY, PROTO-IODIDE,	1-5, 1-4, 1-2 gr.
MORPHIA, ACETATE,	
MORPHIA, SULPHATE,	
MORPHIA, VALERIANATE,	
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ZINC, PHOSPHIDE,	1-6, 1-4, 1-2 gr.

Physicians have experienced the need of a reliable and more pleasant form for administering these more potent remedies. The want of reliability, as exhibited in the Granules of the market by the varying action following their administration, has caused them to be avoided—and very justly—by most practitioners, who have preferred rather to use solutions, and trust to the custom of dropping, or using a teaspoon to measure their portions, although nearly as uncertain, owing to great difference in the sizes of teaspoons, and the fact that drops vary with the conditions and form of surface, from which they flow.

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A physician in St. Louis, who has for some time been using our Pills, prescribed "Celatine-Coated Phosphorus Pills, or gr." intending to have the McKesson & Robbins Pills dispensed, but did not perceive the usual effects after administering them to the patient. Upon investigation, he found the Pills resembled ours somewhat in external appearance, but on cutting one open, he found it contained hardly a trace of Phosphorus. The doctor went to the druggist, who had dispensed the prescription, and found that, not having our Phosphorus Pills in stock, he had dispensed an imitation; the druggist claimed that he was warranted in so doing, as the physician had not taken the precaution to put the name McKesson & Robbins upon his prescription, although the physician had been in the habit of specifying our pills, and the druggist knew it. We have had our attention called to several cases of this character, regarding the Quinine Pills, Morphia Granules and others, when, on failing to obtain results, the physicians have found that they were being imposed upon by imitations; this has induced them to write "McKesson & Robbins' C. C. Pills' in full upon their prescriptions and add, "send no others." We have full lines of our Pills in all of the large, and in most of the small cities, and there is no excuse for substituting imitations.

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### MEDICAL DEPARTMENT.

# SPRING AND SUMMER SESSION OF 1878.

The Spring and Summer Session of 1878 in the Medical Department of the University of Louisville will commence on March 5th and continue till June 1st, with the following

### CORPS OF INSTRUCTORS:

On Venereal Diseases and Diseases	of	th	ie !	Sk	in,		By PROF. L. P. VANDELL, JR.
On Diseases of the Eye and Ear,							By PROF. J. M. BODINE.
On Clinical Diseases of the Chest a	nd	Ph	ys	iol	og	у,	By PROF. E. R. PALMER.
On Public Hygiene,							By PROF. T. S. BELL.
On Clinical Diseases of Women, .					*		By PROF. JOHN E. CROWE.
On Clinical Surgery,							By PROF. D. W. YANDELL.
On Nervous Maladies and Electroth							BY PROF. J. W. HOLLAND.
On Surgery,							By Prof. R. O. Cowling.
On Practice of Medicine,							By Dr. W. O. ROBERTS.
On Anatomy and Physiology,							By Dr. H. A. COTTELL,
Chemistry and Materia Medica, .							WORK IN LABORATORY.
On Obstetrics,							By Dr. W. H Long.
On Diseases of Children,							
On Diseases of the Eye and Ear,							By Dr. W. CHEATHAM.

Didactic Lectures will be given upon the Specialties of Medicine and Surgery, but the essential feature of this course will be CLINICAL INSTRUCTION and RECITATIONS from the text-books, it being the design of the Faculty to give the student advantages much superior, as has been demonstrated, to those obtained by ordinary office instruction.

In the illustration of the various courses, the Museum, Library and Apparatus of the University will be used.

Examinations and Clinical Instruction,—Daily examinations on all the branches of Medicine will be held by the various members of the Faculty.

The University Dispensary, situated upon the college grounds, supported by the Faculty and under its exclusive control, is the only institution of the kind in the city of Louisville which has existed for any number of years. It has obtained the confidence of the sick poor of this city, and its rooms, especially during the milder months, are daily crowd-d with patients illustrating all varieties of disease.

The Faculty have also access to the Louisville City Hospital, an institution which contains more than two hundred beds, and the Hospital of SS. Mary and Elizabeth. From these sources an inexhaustible supply of Clinical material is obtained.

Prof. D. W. Yandell holds his regular Surgical Clinic twice a week; Prof. John E. Crowr twice a week, upon the Diseases of Women; Prof. L. P. Yandell, Jr., twice a week, upon Clinical Medicine; Prof. Bohns twice a week, upon Diseases of the Eye and Ear; Prof. Palmer twice a week, upon Diseases of the Heart and Lungs; Prof. Cowling twice a week, upon Surgery; all at the University.

Advanced Students will be given obstetrical cases and cases in out-door practice to attend.

The Spring and Summer Course of the University is designed to be supplementary to the Regular "Winter Course. Attendance upon it is voluntary and does not count as a session, but students who attend it are furnished with certificates, which will be taken as additional evidence of proficiency in caudidates applying for the Medical Degree of the University.

It will be seen that the entire Faculty of the medical D-partment of the University, together with a valuable corps of assistants, are engaged in the Spring Gourse, and they pledge their best labors to insure is success.

The Fee for the full Course is \$25.00, and entities the holder to his Matriculation Ticket for the ensuing Regular Winter Session.

For further information address

W. O. ROBERTS, M. D.,

Dean of University Summer School,

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# TO PHYSICIANS.

THE scarcity and high prices of Cinchona barks and Sulphate of Quinia, and the prospect of only a slight reduction in these prices, makes the present a favorable opportunity of calling the attention of the profession to the combination of all the bark alkaloids.

Much attention has been given to this subject in Europe and India.

The growing appreciation by the medical profession of the United States of

# CINCHO-OUININE

is due to the fact that it retains the important alkaloids IN COMBINATION, - a combination which in practice is preferable to perfect isolation or separation of these alkaloids.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages, which greatly increase its value to physicians: -

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4th, It meets indications not met by that Salt.

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Professor of Chemistry and Mineralogy."

C. GILBERT WHEELER,

Professor of Chemistry."

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Quining; and by direction I made a qualitative ex-

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"I have used Cincho-Quinine, and can say without any hesitation it has proved superior to the sulphate of quinine. J. G. JOHNSON, M.D."

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J. M. BODINE, M. DProf. of Anatomy and the Operative Surgery of the Eye.
L. P. YANDELL, JR., M. DProfessor of Therapeutics and Clinical Medicine.
E. R. PALMER, M. DProfessor of Physiology and Physical Diagnosis.
T. S. BELL, M. D
JOHN E. CROWE, M. DProf. of Obstetrics and Diseases of Women and Children.
J. W. HOLLAND, M. D Professor of Materia Medica and Medical Chemistry.
D. W. YANDELL, M. DProf. of the Sci'ce and Art of Surgery and Cli'cal Surgery.
R. O. COWLING, M. DProf. of Surgical Pathology and Operative Surgery.
W. O. ROBERTS, M. DDemonstrator of Anatomy.

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The regular Session will commence on the first Monday in October, and continue until the 1st of March.

A Preliminary Course of Lectures, free to all Students, will commence on the first Monday in September, and continue till the opening of the Regular Term.

J. M. BODINE, M. D., Dean of Faculty.

For the Annual Circular containing full particulars, address

97-1y J. W. HOLLAND, M. D., Sec'y of Faculty.

# MEDICAL COLLEGE OF INDIANA.

The First Annual Session of the Medical College of Indiana will begin October 2, 1878, and terminate February 28, 1879.

### FACULTY.

GEO. W. MEARS, M. D.

Emeritus Professor of Obstetrics and Dean of the Faculty.

THEOPHILUS PARVIN, M. D., LL. D.

Professor of Obstetrics and Medical and Surgical Diseases of Women.

GRAHAM N. FITCH, M. D.

Professor of the Principles and Practice of Surgery.

JOHN A. COMINGORE, M. D. Professor of John S. Bobbs's Chair of Surgery,

R. N. TODD, M. D.

Professor of Theory and Practice of Medicine and Clinical Medicine.

THOMAS B. HARVEY, M. D.

Professor of Surgical and Clinical Diseases of Women,

ISAAC C. WALKER, M. D.

Professor of Diseases of the Mind and Nervous System.

WILLIAM B. FLETCHER, M. D.

Professor of Physiology, Hygiene and Clinical Medicine.

HENRY JAMESON, M. D.

Professor of Chemistry, Toxicology and Diseases of Children.

JOHN CHAMBERS, M. D.

Professor of Anatomy and Clinical Medicine.

C P WDICHT W D

C. E. WRIGHT, M. D.
Professor of Materia Medica and Therapeutics.

J. L. THOMPSON, M. D.

Professor of Diseases of the Eye and Ear.

J. W. MARSEE, M. D. Demonstrator of Anatomy.

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Professors' Tickets			
Demonstrator's Ticket			
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The Collegiate Year in this Institution embraces a preliminary Autumnal Term, the Regular Winter Seasion, and a Spring Seasion.

The Preliminary Autumnal Term for 1878-1879 will open on Wednesday, September 18, 1878, and continue until the opening of the Regular Seasion. During this term, instruction, consisting of didactic lectures upon special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Seasion are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Seasion.

The Regular Seasion will commence on Wednesday, October 2, 1878, and end about the first of March. 1879.

the first of March, 1879.

#### FACULTY.

ISAAC E. TAYLOR, M. D.,

Emeritus Professor of Obstetrics and Diseases of Women, and President of the Faculty.

JAMES B. WOOD, M. D., LL. D., Emeritus Prof. of Surgery.

AUSTIN FLINT, M. D.,
Professor of the Principles and Practice of Medicine
and Clinical Medicine.

W. H. VAN BUREN, M. D., Professor of Principles and Practice of Surgery, Dis-cases of Genito-Urinary System, and Clinical Surgery.

LEWIS A. SAYRE, M. B.,
Professor of Orthopedic Surgery and Clinical
Surgery.

ALEXANDER B. MOTT, M. D. Prefensor of Clinical and Operative Surgery.

WILLIAM T. LUSK, M. D., of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.

FORDYCE BARKER, M. D., Professor of Clinical Midwifery and Diseases of Women.

WILLIAM M. POLK. M. D.,
Professor of Materia Medica and Therapeutics, and
Clinical Medicine.

AUSTIN FLINT, Jr., M. D.,
Professor of Physiology and Physiological Anatomy,
and Secretary of the Faculty.

JOSEPH D. BRYANT, M. D., Professor of General, Descriptive, and Surgical Anatomy.

B. OGDEN DOREMUS, M. D., LL. D., Professor of Chemistry and Toxicology.

EDWARD G. JANEWAY, M. D., Professor of Pathological Anatomy and Histology, Diseases of the Nervous System, and Clinical Medicine.

### Professors of Special Departments, Etc.

HENRY D. NOYES, M. D., Professor of Ophthalmology and Otology.

JOHN P. GRAY, M. D., LL. D., Professor of Psychological Medicine and Medical Jurisprudence.

ERSKINE MASON, M. D., Clinical Professor of Surgery.

EDWIN L. KEYES, M. D.,
Professor of Dermatology, and Adjunct to the Chair of
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J. LEWIS SMITH, M. D., Clinical Professor of Diseases of Children.

LEROY MILTON YALE, M. D., Lecturer Adjunct upon Orthopedic Surgery.

A distinctive feature of the method of instruction in this College is the union of clinical a distinctive leature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of Recitations from Text-books. This term continues from the first of March to the first of June. During this Session daily recitations in all the departments are held by a corps of examiners appointed by the Faculty. Regular clinics are also given in the Hospital and College building.

#### Fees for the Regular Session.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term,		
including Clinical Lectures	\$140	00
Matriculation Fee		00
Demonstrator's Ticket (including material for dissection)	10	00
Graduation Fee	30	00

#### Fees for the Spring Session.

Matriculation (Ticket good for the following Winter)	\$ 5 00
Recitations, Clinics, and Lectures	35 00
Dissection (Ticket good for the following Winter)	10 00

Students who have attended two full Winter courses of lectures may be examined at the end of their second course upon Materia Medica, Physiology, Anatomy, and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address Professor AUSTIN FLINT, Jr., Secretary, Bellevue Hospital Medical Catalogue.

cal College.

# THE ST. LOUIS Medical and Surgical Journal.

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living in those countries.

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Contributions on Fractures. By John T. Hodger, M. D., Professor of Surgical Anatomy,
Fractures and Dislocations in St. Louis Medical College.
Contributions on Syphilis. By Thos. Kennard, M. D., of St. Louis.
Contributions on Lithotomy. By David Prince, M. D., of Jacksonville, Ill.
Contributions on Genito-Urethral and Rectal Surgery. By W. Hutson Ford, M. D., of St. Louis.

Contributions on the Present State of Pathology of Phthisis Pulmonalis. A Series of Papers by J. Hilgard Tyndale, M. D., of New York City.

Contributions on Genesis. A Series of Papers. By the Associate Editor.

Contributions on Uriuary and Renal Diseases. By John Bryson, M. D., of St. Louis.

Contributions on Medical Experts as Witnesses. By Fred. T. Ledergerber, Esq., of St. Louis. Contributions on Nasal, Pharyngeal, Aural, Laryngeal and Bronchial Diseases, By the

From the above it will be seen that it is not the intention of the editors to confine The JOURNAL to subjects relating to Medicine and Surgery alone; subjects collateral to these will receive attention, and such are invited from the profession. The departments of science are so closely connected as to make it almost impossible for a Physician or Surgeon to be proficient as such, without considerable knowledge of kindred branches

Communications and all Subscriptions should be addressed to THE EDITOR, 1225 Washington Avenue, St. Louis, Mo. 102

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\* Fig. 3 represents apparatus turned in shape to receive the foot, after which turn the key and reverse back to a bearing shape.

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MEDICAL DEPARTMENT.

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### CORPS OF INSTRUCTORS:

On Venereal Diseases and Dis	seas	ies	of	ti	le i	Ski	in,		By PROF. L. P. YANDELL, JR.
On Diseases of the Eye and E	ar,							0	BY PROF. J. M. BODINE.
On Clinical Diseases of the Cl	hest	a	nd	Ph	ly8	iol	og	у,	By Prof. E. R. Palmer.
On Public Hygiene,									By Prof. T. S. Bell.
On Clinical Diseases of Wome									BY PROF. JOHN E. CROWE.
On Clinical Surgery,									By PROF. D. W. YANDELL.
On Nervous Maladies and Elec									By Prof. J. W. Holland.
On Surgery,									By Prof. R. O. Cowling.
On Practice of Medicine, .									By Dr. W. O. ROBERTS.
On Anatomy and Physiology,									By Dr. H. A. COTTELL,
Chemistry and Materia Medic	a,	0	0		0				WORK IN LABORATORY.
On Obstetrics,								0	By Dr. W. H. Long.
On Diseases of Children,									By DR. R. B. GILBERT.
On Diseases of the Eye and E									

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In the illustration of the various courses, the Museum, Library and Apparatus of the University will be used.

Examinations and Clinical Instruction.—Daily examinations on all the branches of Medicine will be held by the various members of the Faculty.

The University Dispensary, situated upon the college grounds, supported by the Faculty and under its exclusive control, is the only institution of the kind in the city of Louisville which has existed for any number of years. It has obtained the confidence of the sick poor of this city, and its rooms, especially during the milder months, are daily crowded with patients illustrating all varieties of disease.

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The Spring and Summer Course of the University is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary and does not count as a session, but students who attend it are furnished with certificates, which will be taken as additional evidence of proficiency in candidates applying for the Medical Degree of the University.

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GRAHAM N. FITCH, M. D.

Professor of the Principles and Practice of Surgery.

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R. N. TODD, M. D.

Professor of Theory and Practice of Medicine and Clinical Medicine.

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The Collegiate Year in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

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The Regular Session will commence on Wednesday, October 2, 1878, and end about the first of March. 1879.

the first of March, 1879.

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#### Fees for the Spring Session.

Matriculation (Ticket good for the following Winter)	\$ 5	
Recitations, Clinics, and Lectures	35	00
Dissecti n (Ticket good for the following Winter)	10	00

Students who have attended two full Winter courses of lectures may be examined at the end of their see nd course upon Materia-Medica, Physiology, Anatomy and Chemistry, and, if successful, they will be examined at the end of their trird course upon Practice of Mediciae, Surgery, and Obstetrics only.

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From the above it will be seen that it is not the intention of the editors to confine The Journal to subjects relating to Medicine and Surgery alone; subjects collateral to these will receive attention, and such are invited from the profession. The departments of science are so closely connected as to make it almost impossible for a Physician or Surgeon to be proficient as such, without considerable knowledge of kindred branches.

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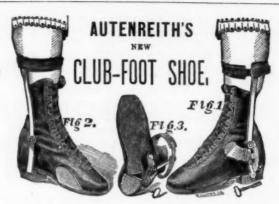


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We take occasion to thank the profession and trade, for their patronage of our Gelatine-Coated Pills, and request a continuance of the same. Full lines of our Pills have been established in all the large centres of trade, and in many of the smaller cities. To those living in remote places we will be happy to mail any formulas on our list, not procurable nearer home, at an expense of about 2 cents per 100.

We regret to announce that our attention has been called to several instances where other pills have been substituted by druggists when ours were desired, and even specified, by the physician. We believe that such instances are rare, but in some cases physicians have notified

us of such breach of honor in the druggist.

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SPECIFY McKESSON & ROBBINS'.

Reduction in Price of McKesson & Robbins' Quinine Pills. Send for List.

RELIABILITY.—We have expended much attention and money in perfecting our machinery, to insure exactness and uniformity of the masses and pills, and have engaged superior analytical ability, to guarantee quality of ingredients. Every drug and chemical used in manufacture is carefully tested. Take, for example, our Quinine Pills. Livery lot of sulphate of quinine, whether manufactured by ourselves or purchased in foreign or home markets, is accurately analyzed, and every deficiency in percentage is made up by adding quinine to our mass, and reducing the excipient in the same proportion, thus insuring the full amount of pure sulphate of quinine in each pill, as represented on label. As secrecy is generally observed in the manufacture of sulphate of quinine, it may not be generally known, that, incidental to a portion of the process, it is almost impossible to prevent more or less of the other alkaloids remaining in the salt in the form of sulphates; although our best brands contain a very small percentage and nearly all are free from cinchonia, which is easily separated; hence the necessity of making Quinine Pills only after an accurate analysis of the quinine used, and proper adjustment of the mass. To prove correctness in the synthesis, the first of every month, all sizes of our Quinine Pills are analyzed. The same care is observed with the scammony, aloes, etc., which we use in our Cathartic Pills.

COATING. -The coating of McKesson & Robbins' Pills is applied by a special process, and differs from all others in the fact that it is continuous, air-tight, and not porous, which are very important considerations in many delicate preparations, as phosphorus, phosphorus and iron, and other compounds. By this coating, the mass is perfectly protected from exposure to the air, which is not the case with sugar-coated, compressed, or so-called soluble pills.

OLUBILITY. -The solubility of our coating and pills, may be readily and practically attested, by the administration of a dose of some formulas which are positive in their action, as cathartic, quinine, etc. The Gelatine we use (the same as is employed in making jelly for the sick) is quickly soluble in the stomach, at the same time it protects the mass from the air before being administered, and prevents the taste of the ingredients from being communicated to the mouth of the patient, before swallowing.

SHAPE.—It must be granted that the capsule or spheroidal shape is the form adapted to the throat, and that the gelatine completely covers the taste, and renders the pill capable of being easily swallowed by the patient and accepted by the stomach, without nausea important desiderata to the patient.

PERMANENCE.—The question whether McKesson & Robbins' Gelatine-Coated Quinine Pills will remain unaffected in warm, damp climates, seems to be satisfactorily answered in the following abstract of a letter from Aspinwall:

"COMMISSARY DEPARTMENT "Messrs. McKesson & Robbins.

"Annaha Railroad, Aspinwall, U.S. C.

"Gentlemen.—Almost everything perishes rapidly in this terrible climate, but your GelatineCoated Pills in bottles keep remarkably well. The dampness does not appear to have the least

effect upon them, as long as they are kept in bottles.

"They are very popular here with those who dislike the intense bitterness of Quinine.

Yours respectfully,

"THOS. M. CASH, Commissary."

PRICE LISTS AND SAMPLES FURNISHED UPON APPLICATION.

PRIVATE FORMULAS OF 3,000 OR MORE PILLS, MADE AND COATED TO ORDER.

COLOR OF QUININE PILLS.—In reply to inquiries in regard to Change in Color of our Quinine Pills, we beg to state that the change is due to our using Pull White Sulphate of Quinine as formerly, the acustom having been to emply 111 ounces of Unblesched Quinine, in place of 100 ounces of White Quinine.) This change to White has been made to avoid misrepresentation. The mass of our Pills has also been greatly improved, in appearance and solubility, by the use of our new excipions.

Very respectfully.

Mckesson & Robbins, Wholesale Druggists and Manufacturing Chemists, 91 FULTON STREET, NEW YORK.

# MCKESSON & ROBBINS' PILLS AND GRANULES.

OF THE

U. S. PHARMACOPIA & OTHER RELIABLE FORMULA,

#### CELATINE-COATED.

Process and Machinery Patented, 91 & 93 Fulton, 80, 82 & 84 Ann Sts., N. Y.



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### NEW THERAPEUTICAL NOTES.

- The value of pure powdered Willow Charcoal in Dyspepsia, Indigestion and all affections arising from derangements of the stomach, such as Headache, Heartburn, &c., is well known. Its value must necessarily be much increased, since it is, for the first time, presented in a convenient, reliable and unobjectionable form, in our Gelatine-Coated Pills.
- Salicin is becoming more and more favorably known in the treatment of Rheumatic affections, also as a Tonic, Astringent, and Anti-Periodic, and is best exhibited in our Gelatine-Coated Pills. In Acute Rheumatism, Salicin has been found very efficacious, and according to "The Lancet," not less certain, than Quinine is for the Ague. In large doses, it has been claimed to be an absolute specific in Cornètis (suppurative). Price, reduced.

An eminent physician, who has given much attention to the use of Sulphide of Calcium and cites several very interesting cases of cures of Abscesses, through its medium. In his words: "The Sulphide of Calcium is indicated in Scrofulous and unhealthy sores and Glandular Enlargements, in Boils appearing in crops, and in carbuncles—in any diathesis with a tendency to Abscesses with suppuration."

- Used as a remedy in the sick stomach of pregnant women, and in the vomiting of pregnancy, as well as in Phthisis, Hysteria, Pyrosis and Atonic Dyspepsia. (Dose, 1 to 3.)
- The pure transparent Gelatine we use is in no degree porous, it preserves the Phosphorus perfectly in the free state; while sugar, owing to its crystaline nature, is very porous, and will admit of rapid change in substances, of a delicate character, covered with it. We have the Phosphorus in state of solution in the excipient we employ, this insures a gradual elimination of the Phosphorus in the stomach, thus avoiding the severe irritation that is so often experienced after taking the ordinary Phosphorus Pills, which are prepared by mixing the Phosphorus in substance with the excipient, in which small fragments of Phosphorus often remain. Note remarks by Dr. Squibb, in his paper before Am. Pharm. Ass'n, Sept., '76, in which he states that Phosphorus should never be administered in substance, and if a coating be used, he commends Gelatine.

Many of the most eminent physicians throughout the country, among whom are leading specialists in the treatment of Neurotic diseases, assert that McKesson & Robbins' Phosphorus Pills are the most rational medium yet found for exhibiting Phosphorus.

PHOSPHORUS COMPOUND, McKesson & Robbins' Pills, & & & & to gr.

PHOSPHORUS COMPOUND AND IRON, McKesson & Robbins' Pills.

CAUTION! !- SPECIFY MCKESSON & ROBBINS!

### THERAPEUTICAL NOTES ON SOME SPECIALTIES IN McKESSON & ROBBINS' G. C. PILLS.

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We manufacture our Ergotin with great care from the best quality of fresh, selected Ergot, and it contains, in the most potent form, all the active constituents of Ergot of Rye, each grain representing 10 grains of Ergot, and each pill being equal to half a teaspoonful of officinal fluid extract. The value of Ergotin, in the place of the crude drug and the fluid preparations, is conceded; and it is being largely administered both in this country and in Europe. It has taken a prominent place in the treatment of Neurotic diseases. Many of our most reliable practitioners, and particularly those of extended experience in Gynscoology, assert that they have never found a preparation of Ergot, in which, by experience, they felt as much confidence as in McKesson & Robbins' Ergotin Pills. The advantages of prescribing it in this form will be readily acknowledged. (Dose, 1 to 3.)

We offer our Ergotin, prepared specially for hypodermic use, in one-ounce bottles.

### COCA EXTRACT,....

McKesson & Robbins' Solid Extract, made from freshly imported leaves, is used in these pills. As the leaves become almost inert with age, a preparation of this nature is necessary to enable the physician to judge correctly of the value of this remedy. Coca Erythroxylon is a South American plant, used by the natives as a substitute for tea, coffee, tobacco, hashish and opium of other countries. It imparts rigor to the muscles as well as to the intellect, and enables the partaker to endure great fatigue with ease. The feeling of exhilaration, accompanying its use, is said not to be followed by any depressing effects.

### JABORANDI EXTRACT, ...... 3 grn.

Made of McKesson & Robbins' Solid Extract. These pills present a much better and more acceptable form of administering this powerful Diaphoretic and Sialagogue, than any of the liquid preparations. Valuable in Rheumatism and all Syphilitic troubles of long standing. (Dose, 1 to 3.)

### 

The Phosphide of Zinc has been very successfully used by Drs. Hammond (see Dr. H.'s last book), Routh, and other prominent authorities on treatment of brain diseases, all of whom assert its efficacy. It has been used with remarkable results in severe cases of Neuralgia (see paper by Dr. Adolphus, St. L. Med. Jour., XIII. 471). P. Vigier, Bull. Gen. de Therap., states that Phosphide of Zinc is more prompt and reliable in its action than free Phosphorus.

### SANDAL WOOD EXTRACT, ...... 1 and 2 grs.

These pills contain both the oil and resin existing in Sandal Wood, are believed to be superior to the oil alone, and are more convenient of administration. The Extract is manufactured from the wood, in our laboratory.

### SOLIDIFIED COPAIBA, WITH OLEO-RESIN CUBEB

We prepare both these ingredients in our own laboratory, with great care, and can assert their superior quality. The value of the Oleo-Resin Cubeb often offered in market is very slight, due to the fact that the largest proportion is powdered Cubeb Berries.

### 

This salt of Quinine has been very much used in some of our extreme malarial districts during the past two years. Those, who have tested it very carefully, claim that it possesses a most positive specific action in the treatment of Fever and Ague, and has proved itself eminently superior to the Sulphate of Quinine in all malarial fevers.

### PHYSICIANS' POCKET CASES FOR PILLS.

Having received many inquiries for our Gelatine-Coated Pills and Granules put up in a form convenient for practitioners, and, not finding any of the ready-made pocket cases in market desirable, we have devised a number of forms and sizes of our own. The number and variety of the formulas of our Pills, together with their ready solubility have, to a great extent, obviated the necessity of carrying the bulky medicine chest, with its solution and powders.

Circular, with cuts and prices, mailed upon application.

### MCKESSON & ROBBINS' GRANULES.

ACONITIA,	1-60 gr.
ARSENIOUS ACID,	
ATROPIA,	
BELLADONNA EXTRACT,	
CALCIUM, SULPHIDE,	
CODEIA,	
CORROSIVE SUBLIMATE,	
DIGITALIA,	
MERCURY, BIN-IODIDE,	1-25. 1-16 gт.
MERCURY, PROTO-IODIDE,	1-5. 1-4. 1-2 gr.
MORPHIA, ACETATE,	
MORPHIA, SULPHATE,	
MORPHIA, VALERIANATE,	
PODOPHYLLIN,	
QUINIA,	
STRYCHNIA,	
SULPHUR, IODIDE,	
ZINC, PHOSPHIDE,	

Physicians have experienced the need of a reliable and more pleasant form for administering these more potent remedies. The want of reliability, as exhibited in the Granules of the market by the varying action following their administration, has caused them to be avoided—and very justly—by most practitioners, who have preferred rather to use solutions, and trust to the custom of dropping, or using a teaspoon to measure their portions, although nearly as uncertain, owing to great difference in the sizes of teaspoons, and the fact that drops vary with the conditions and form of surface, from which they flow.

In our preparations, we have taken special precautions by enforcing our system of checking the weights, and, at large expense, have had our machines for division of the substances so carefully and correctly constructed, as to insure an exactness never before maintained in this class of preparations. We can, therefore, afford assurance to physicians of correct weight and perfect division. Our Granules have been appreciated and are being extensively used by

the profession. Be careful and see that "McKesson & Robbins " son the label.

A physician in St. Louis, who has for some time been using our Pills, prescribed "Celatine-Coated Phosphorus Pills, & gr." intending to have the McKesson & Robbins Pills dispensed, but did not perceive the usual effects after administering them to the patient. Upon investigation, he found the Pills resembled ours somewhat in external appearance, but on cutting one open, he found it contained hardly a trace of Phosphorus. The doctor went to the druggist, who had dispensed the prescription, and found that, not having our Phosphorus Pills in stock, he had dispensed an imitation; the druggist claimed that he was warranted in so doing, as the physician had not taken the precaution to put the name McKesson & Robbins upon his prescription, although the physician had been in the habit of specifying our pills, and the druggist knew it. We have had our attention called to several cases of this character, regarding the Quinine Pills, Morphia Granules and others, when, on failing to obtain results, the physicians have found that they were being imposed upon by imitations; this has induced them to write "McKesson & Robbins' C. C. Pills" in full upon their prescriptions and add, "send no others." We have full lines of our Pills in all of the large, and in most of the small cities, and there is no excuse for substituting imitations.

Price Lists furnished upon application. See list of formulas, last page.

Private Formulas, of 3,000 or more Pills, Made and Coated to Order.

McKESSON & ROBBINS, 91 Fulton Street, New York.

### UNIVERSITY OF LOUISVILLE.

### MEDICAL DEPARTMENT.

### SPRING AND SUMMER SESSION OF 1879.

The Spring and Summer Session of 1879 in the Medical Department of the University of Louisville will commence on March 5th and continue till June 1st, with the following

#### CORPS OF INSTRUCTORS:

On Venereal Diseases and Diseases of the Skin, .		By Prof. L. P. YANDELL.
On Diseases of the Eye and Ear,		By PROF. J. M. BODINE
On Clinical Diseases of the Chest and Physiology,		By PROF. E. R. PALMER.
On Public Hygiene,		By PROF. T. S. BELL.
On Clinical Diseases of Women,		BY PROF. JOHN E. €ROWE
On Clinical Surgery,	0	BY PROF. D. W. YANDELL
On Nervous Maladies and Electrotherapy,		BY PROF. J. W. HOLLAND.
On Surgery,		By Prof. R. O. Cowling.
On Practice of Medicine,		By Dr. W. O. ROBERTS.
On Anatomy and Physiology,		
Chemistry and Materia Medica,		WORK IN LABORATORY.
On Obstetrics,		
On Diseases of Children,		
On Diseases of the Eye and Ear,		

Didactic Lectures will be given upon the Specialties of Medicine and Surgery, but the essential feature of this course will be CLINICAL INSTRUCTION and RECITATIONS from the text-books, it being the design of the Faculty to give the student advantages much superior, as has been demonstrated, to those obtained by ordinary office instruction.

In the filustration of the various courses, the Muszum, Library and Apparatus of the University will be used.

Examinations and Clinical Instruction.—Daily examinations on all the branches of Medicine will be held by the various members of the Faculty.

The University Dispensary, situated upon the college grounds, supported by the Faculty and under its exclusive control, is the only institution of the kind in the city of Louisville which has existed for any number of years. It has obtained the confidence of the sick poor of this city, and its rooms, especially during the milder months, are daily crowded with patients illustrating all varieties of disease.

The Faculty have also access to the Louisville City Hospital, an institution which contains more than two hundred beds, and the Hospital of SS. Mary and Elizabeth. From these sources an inex-baustible supply of Clinical material is obtained.

Prof. D. W. Yandell holds his regular Surgical Clinic twice a week; Prof. John E. Chows twice a week, upon the Diseases of Women; Prof. L. P. Yandell, twice a week, upon Clinical Medicine; Prof. Bodins twice a week, upon Diseases of the Eye and Ear; Prof. Palmes twice a week, upon Diseases of the Heart and Lungs; Prof. Cowling twice a week, upon Burgery; all at the University.

Advanced Students will be given obstetrical cases and cases in out-door practice to attend.

The Spring and Summer Course of the University is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary and does not count as a session, but students who attend it are furnished with certificates, which will be taken as additional evidence of proficiency in candidates applying for the Medical Degree of the University.

It will be seen that the entire Faculty of the medical Department of the University, together with a valuable corps of assistants, are engaged in the Spring Course, and they pledge their best labors to dance its success.

The Pee for the full Course is \$25.00. For further information address

W. O. ROBERTS, M. D.,

Dean of University Summer School,

### TO PHYSICIANS.

THE scarcity and high prices of Cinchona barks and Sulphate of Quinia, and the prospect of only a slight reduction in these prices, makes the present a favorable opportunity of calling the attention of the profession to the combination of all the bark alkaloids.

Much attention has been given to this subject in Europe and India.

The growing appreciation by the medical profession of the United States of

### INCHO-OUININE

is due to the fact that it retains the important alkaloids IN COMBINATION. - a combination which in practice is preferable to perfect isolation or separation of these alkaloids.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages, which greatly increase its value to physicians: -

1st, It exerts the full therapeutic influence of Sulphate of Quinine, in the same doses, with-

out oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does; and it produces much less constitutional disturbance.

ad, It has the great advantage of being nearly tasteless. The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child. 3d, It is loss costly; the pric will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th, It meets indications not met by that Salt.

#### The following well-known Analytical Chemists say: -

"University of Pennsylvania, Jan 22, 1875.
"I have tested Cincho-Quinink, and have found it to contain quinink, quinidine, cinchonine, cincho-Cincho-

"I have made a careful analysis of the contents of a bottle of your Cincho-Quinner, and find it to conamination of the contents of a bottle of Cincho-dine quinine, quintidine, cinchonine, and cinchonine and by direction I made a qualitative ex-

#### TESTIMONIALS.

"RICHMOND, VA., March 28, 1877. "WELLFLEET, MASS, Nov. 17, 1876. "I have used Circho-Quinink, and can say with-out any hesitation it has proved superior to the sul-cinchona alkaloids is more generally useful in prac-phate of quinine. J. G. JOHNSON, M.D."

"Yours truly, LANDON B. EDWARDS, M.D.

Member Va. State Board of Health,
and Sec'y and Treas. Medical Society of Va." " MARTINSBURG, Mo., Aug. 15, 1876. "I use the Cincho-Quinibe altogether among children, preferring it to the sulphate.

DR. E. R. DOUGLASS."

"CENTREVILLE, MICH. "LIVERFOOL, PENN, June 1, 1876.
"I have used Cincho-Quinning, obtaining better results than from the sulphate in those cases in stance. I have used no sulphate of quinine in sundicated.

DR. I. C. BARLOTT."

"I have used several ounces of the Cincho-Quinning better stance. I have used no sulphate of quinine in my which quinine is indicated.

DR. I. C. BARLOTT."

Quinning, as I prefer it. F. C. BATEMAN, M.D."

"RENFROW'S STATION, TENN., July 4, 1876.
"I am well pleased with the Cincho-Quining, " NORTH-EASTERN FREE MEDICAL DISPENSARY .908 East Cumberland St., Philadelphia, Penn., and think it is a better preparation than the sulphate.

W. H. HALBERT." Feb. 29, 1876.

phate.

W. H. HALBERT."

"ST. LOUIS, Mo., April, 1875.

"I regard it as one of the most valuable additions ever made to our materia medica.

GEORGE C. PITZER, M.D."

"In typhoid and typhus fevers I always prescribe the Cimcho-Quining in conjunction with other appropriate medicines, the result being as favorable as with former cases where the sulphate had been used.

"F. A. GAMAGE, M.D."

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Price-Lists and Descriptive Catalogues furnished upon application.

### BILLINGS, CLAPP & CO., Manufacturing Chemists,

(SUCCESSORS TO JAMES R. NICHOLS & CO.)

BOSTON, MASS.

### UNIVERSITY OF LOUISVILLE.



#### MEDICAL DEPARTMENT.

Corner of Eighth and Chestnut Streets.

### FORTY-SECOND ANNUAL SESSION

#### FACULTY.

J. M. BODINE, M. D
E. R. PALMER, M. DProfessor of Physiology and Physical Diagnosis.
T. S. BELL, M. D
J. W. HOLLAND, M. D Prof. Materia Med. and Med. Chem., and Dis. Nerv. Sys. D. W. YANDELL, M. D Prof. of the Sci'ce and Art of Surgery and Cli'cal Surgery.
R. O. COWLING, M. D

#### FEES.

Professors' Tickets, in full\$50 00	Matriculation Fee\$ 5 00
Demonstrators' Ticket 10 00	Graduation Fee 30 00
Hospital Ticket (requi	ired by City), \$5 oo.

The regular Session will commence on the second Monday in October, and continue until the 1st of March,

A Preliminary Course of Lectures, free to all Students, will commence on the first Monday in September, and continue till the opening of the Regular Term.

The largest Dispensary in the City a well-stocked Museum, a Student's Laboratory, Histological Microscopes and Apparatus, and the means for demonstrative teaching offered free to all students.

J. M. BODINE, M. D., Dean of Faculty.

For the Annual Circular containing full particulars, address

97-1y J. W. HOLLAND, M. D., Sec'y of Faculty,
Corner Fifth Street and Broadway.

### MEDICAL COLLEGE OF INDIANA.

The First Annual Session of the Medical College of Indiana will begin October 2, 1878, and terminate February 28, 1879.

#### FACULTY.

GEO. W. MEARS, M. D.

Emeritus Professor of Obstetrics and Dean of the Faculty.

THEOPHILUS PARVIN, M. D., LL. D.

Professor of Obstetrics and Medical and Surgical Diseases of Women.

GRAHAM N. FITCH, M. D.

Professor of the Principles and Practice of Surgery.

JOHN A. COMINGORE, M. D.

Professor of John S. Bobbs's Chair of Surgery.

R. N. TODD, M. D.

Professor of Theory and Practice of Medicine and Clinical Medicine.

THOMAS B. HARVEY, M. D.

Professor of Surgical and Clinical Diseases of Women,

ISAAC C. WALKER, M. D.

Professor of Diseases of the Mind and Nervous System.

WILLIAM B. FLETCHER, M. D.

Professor of Physiology, Hygiene and Clinical Medicine.

HENRY JAMESON, M. D.
Professor of Chemistry, Toxicology and Diseases of Children.

JOHN CHAMBERS, M. D.

Professor of Anatomy and Clinical Medicine.

C. E. WRIGHT, M. D.

Professor of Materia Medica and Therapeutics.

J. L. THOMPSON, M. D.

Professor of Diseases of the Eye and Ear.

J. W. MARSEE, M. D. Demonstrator of Anatomy.

#### · FEES.

Matriculation Fee			
Laboratory, Ticket	5	00	
Professors' Tickets	40	00	
Demonstrator's Ticket	5	00	
Graduation Fee	25	00	

BOARDING can be had, convenient to the College, at from three to five dollars per week. Board and rooms, furnished or unfurnished, can, on application, be secured by the janitor. Apply for Circular or further information to

DR. HENRY JAMESON.

No. 104

No. 35 East Market Street, Indianapolis, Ind.

### BELLEVUE HOSPITAL MEDICAL COLLEGE.

CITY OF NEW YORK.

#### MEMBER OF THE AMERICAN MEDICAL COLLEGE ASSOCIATION.

SESSIONS OF 1878-'79.

The Collegiate Year in this Institution embraces a preliminary Autumnal Term, the

Regular Winter Session, and a Spring Session.

The Preliminary Autumnal Term for 1878 1879 will open on Wednesday, September 18, The Preliminary Autumnal Term for 1878 1879 will open on wednesday, September 18, 1878, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures upon special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.

The Regular Session will commence on Wednesday, October 2, 1878, and end about

the first of March, 1879.

#### FACULTY.

ISAAC E. TAYLOR, M. D.,

Emeritus Professor of Obstetrics and Diseases of Women, and President of the Faculty.

JAMES R. WOOD, M. D., LL. D., Emeritus Prof. of Surgery.

FORDYCE BARKER, M. D., Professor of Clinical Midwifery and Dis-

AUSTIN FLINT, M. D.,
Professor of the Principles and Practice of Medicine
and Clinical Medicine.

W. H. VAN BUREN, M. D., Profuseer of Principles and Practice of Surgery, Dis-cases of Ge. its-Urinary System, and Clinical Surgery.

LEWIS A. SAYRE, M. B. Pretamor of Orthopedic Surgery and Clinical Surgery.

ALEXANDER B. MOTT, M. D. Professor of Clinical and Operative Surgery.

WILLIAM T. LUSK, M. D.,
Professor of Obstetrics and Diseases of Women and
Children, and Clinical Midwifery.

eases of Women.

WILLIAM M. POLK. M. D.,
Professor of Materia Medica and Therapeutics, and
Clinical Medicine. AUSTIN FLINT, Jr., M.D.,
Professor of Physiology and Physiological Anatomy,
and Secretary of the Faculty.

JOSEPH D. BRYANT, M. D., Professor of General, Descriptive, and Surgical Anatomy,

R. OGDEN DOREMUS, M. D., LL. D., Professor of Chemistry and Texicology.

EDWARD G. JANEWAY, M. D., or of Pathological Anatomy and Hi Diseases of the Nervous System, and

#### Professors of Special Departments, Etc.

HENRY D. NOYES, M. D., Professor of Ophthalmology and Otology.

JOHN P. GRAY, M. D., LL. D., Professor of Psychological Medicine and Medical Jurisprudence.

ERSKINK MASON, M. D., Cliuical Profe-mor of Surgery.

EDWIN L. KEYES, M. D.,
Professor of Dermatology, and Adjunct to the Chair of
Principles of Surgery,

J. LEWIS SMITH, M. D., Clinical Professor of Diseases of Children.

LEROY MILTON YALE, M. D., Lecturer Adjunct upon Orthopedic Surgery.

A distinctive feature of the method of instruction in this College is the union of clinical and district reaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four difactic lectures on every week-day except Saturday, two or three hours are daily allowed to clinical instruction.

The Spring Session consists chiefly of Recitations from Text-books. This term continues from the first of March to the first of June. During this Session daily recitations

in all the departments are held by a corps of examiners appointed by the Faculty. Begu-lar clinics are size given in the Hospital and College building.

#### Fees for the Regular Session.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term,		
including Clinical Lectures	\$140	
Matriculation Fee	5 (	
Demonstrator's Ticket (including material for dissection)	10 (	
Graduation Fee	30 (	00
D C Al C Coolen		

#### Fees for the Spring Session.

Matriculation (Ticket good for the following Ninter)	\$ 5	
Recitations, Clinics, and Lectures		00
Dissecti u (Ticket good for the following Winter)	10	00

Students who have attended two full Winter courses of lectures may be examined at the Students who have attended two full Winter courses of lectures may be examined at the end of their sec nd course upon Materia Nedica, Physiology, Anatomy, and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

For the Angust 'ircular and Catalogue, giving regulations for graduation and other information, address Professor AUSTIN FLINT, Jn., Secretary, Bellevue Hospital Medical College.

oal Colleg-

### THE ST. LOUIS Medical and Surgical Journal. ESTABLISHED IN 1843.—PUBLISHED MONTHLY.

THOS. F. RUMBOLD, M. D., Editor and Proprietor; HIRAM CHRISTOPHER, M. D., Associate Editor.

The Journal will hereafter be published in Two Volumes, beginning with January and July.

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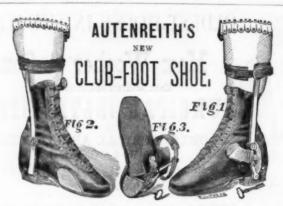


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A physician in St. Louis, who has for some time been using our Pills, prescribed "Celatine-Coated Phosphorus Pills, & gr." intending to have the McKesson & Robbins Pills dispensed, but did not perceive the usual effects after administering them to the patient. Upon investigation, he found the Pills resembled ours somewhat in external appearance, but on cutting one open, he found it contained hardly a trace of Phosphorus. The doctor went to the druggist, who had dispensed the prescription, and found that, not having our Phosphorus Pills in stock, he had dispensed an imitation; the druggist claimed that he was warranted in so doing, as the physician had not taken the precaution to put the name McKesson & Robbins upon his prescription, although the physician had been in the habit of specifying our pills, and the druggist knew it. We have had our attention called to several cases of this character, regarding the Quinine Pills, Morphia Granules and others, when, on failing to obtain results, the physicians have found that they were being imposed upon by imitations; this has induced them to write "McKesson & Robbins' G. C. Pills" in full upon their prescriptions and add, "send no others." We have full lines of our Pills in all of the large, and in most of the small cities, and there is no excuse for substituting imitations.

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Private Formulas, of 3,000 or more Pills, Made and Coated to Order.

# UNIVERSITY OF LOUISVILLE.

MEDICAL DEPARTMENT.

### SPRING AND SUMMER SESSION OF 1879.

The Spring and Summer Session of 1879 in the Medical Department of the University of Louisville will commence on March 5th and continue till June 1st, with the following

#### CORPS OF INSTRUCTORS:

On Venereal Diseases and Diseases o	f th	e s	ški	in,		By PROP. L. P. YANDELL.
On Diseases of the Eye and Ear, .						By PROF. J. M. BODINE.
On Clinical Diseases of the Chest and	Ph	ys	iol	og	۲,	By PROF. E. R. PALMER.
On Public Hygiene,						By PROF. T. S. BELL.
On Clinical Diseases of Women,						By PROF. JOHN E. CROWE,
On Clinical Surgery,						By PROF. D. W. YANDELL
On Nervous Maladies and Electrother						BY PROF. J. W. HOLLAND.
On Surgery,						By Prof. R. O. Cowling.
On Practice of Medicine,						By Dr. W. O. ROBERTS.
On Anatomy and Physiology,						By Dr. H. A. COTTELL,
Chemistry and Materia Medica,						WORK IN LABORATORY.
On Obstetrics,						By Dr. W. H. Long,
On Diseases of Children,						
On Diseases of the Eye and Ear, .						

Didactic Lectures will be given upon the Specialties of Medicine and Surgery, but the essential feature of this course will be CLINICAL INSTRUCTION and RECITATIONS from the text-books, it being the design of the Faculty to give the student advantages much superior, as has been demonstrated, to those obtained by ordinary office instruction.

In the illustration of the various courses, the Muskum, Library and Apparatus of the University will be used.

Examinations and Clinical Instruction.—Daily examinations on all the branches of Medicine will be held by the various members of the Faculty.

The University Dispensary, situated upon the college grounds, supported by the Faculty and under its exclusive control, is the only institution of the kind in the city of Louisville which has existed for any number of years. It has obtained the confidence of the sick poor of this city, and its rooms, especially during the milder months, are daily crowded with patients illustrating all varieties of disease.

The Faculty have also access to the Louisville City Hospital, an institution which contains more than two hundred beds, and the Hospital of SS. Mary and Elizabeth. From these sources an inexhaustible supply of Clinical material is obtained.

Prof. D. W. YANDELL holds his regular Surgical Clinic twice a week; Prof. John E. Chowe twice a week, upon the Diseases of Women; Prof. L. P. YANDELL, twice a week, upon Clinical Medicine; Prof. Boline twice a week, upon Diseases of the Eye and Ear; Prof. Palmer twice a week, upon Diseases of the Heart and Lungs; Prof. Cowling twice a week, upon Surgery; all at the University.

Advanced Students will be given obstetrical cases and cases in out-door practice to attend.

The Spring and Summer Course of the University is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary and does not count as a session, but students who attend it are furnished with certificates, which will be taken as additional evidence of proficiency in candidates applying for the Medical Degree of the University.

It will be seen that the entire Faculty of the medical Department of the University, together with a valuable corps of assistants, are engaged in the Spring Course, and they piedge their best labors to insure its success.

The Fee for the full Course is \$25.00.

For further information address

W. O. ROBERTS, M. D.,

Dean of University Summer School,

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# TO PHYSICIANS.

THE scarcity and high prices of Cinchona barks and Sulphate of Ouinia, and the prospect of only a slight reduction in these prices, makes the present a favorable opportunity of calling the attention of the profession to the combination of all the bark alkaloids.

Much attention has been given to this subject in Europe and India.

The growing appreciation by the medical profession of the United States of

# CINCHO-OUININE

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In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages, which greatly increase its value to physicians:

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3d, It is less costly: the pric will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine. 4th, It meets indications not met by that Salt,

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"I have tested Cincho-Quining, and have found and hereby certify that I found these alkaloids in it to contain quining, quinidine, cinchonine, cincho-Cincho-Quining.

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CINCHO-QUININE.

C. GILBERT WHEELER,

Professor of Chemistry and Mineralogy." Professor of Chemistry."

"LABORATORY OF THE UNIVERSITY OF CHICAGO, a bottle of your Cincho-Quinime, and find it to con-

"I hereby certify that I have made a chemical extain quinine, quinidine, cinchonine, and cinchonidine; and by direction I made a qualitative extain quinitine, quinidine, cinchonine, and cinchonidine.

S. P. SHARPLES, State Assayer of Mass." S. P. SHARPLES, State Assayer of Mass."

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"I have used Cincho-Quinine, and can say without any hesitation it has proved superior to the sulcinchona alkaloids is more generally useful in practice than the sulphate of quinine. J. G. JOHNSON, M.D."

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"I use the CINCHO-QUININE altogether among children, preferring it to the sulphate.

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DR I. C. BARLOTT." "RENFROW'S STATION, TENN., July 4, 1876.
"I am well pleased with the Cincho-Quining, and think it is a better preparation than the sulphate.

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"I have used several ounces of the CINCHO-QUININE, obtaining better NINE, and have not found it to fail in a single inresults than from the sulphate in those cases in stance. I have used no sulphate of quinine in my
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